IER: This certificate should be executed within 24 hours after death. If any delay is necessary, please the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Prochief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filest a shauld be used as a burial-transit permit. File pages 1 and 2 with the State Bagrd of Health, at to burial, cremation, ar remayal, and in any event within 72 haurs after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5177MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1	2	1	7	K
Reg.	Dist.	No.	U	4		Ł

	41.0				Reg. Dist. No.				
PLACE OF DEATH	Allegany	MARYLAND	2. USUAL RESIDENCE (W. O. STATE W. V	there deceased lived. If institution b. COUNTY	m: Residence before odmission) Mineral				
b. CITY OR TOWN (If and give nearest town) Cumberla		c. LENGTH OF STAY IN 16		outside corporate limits, write RL 2 Keyser	JRAL and give nearest town)				
d. NAME OF HOSPITAL		t in hospital, give street address) ( D. O. A. )	d. STREET ADDRESS Short Ga	p	e. IS RESIDENCE ON A FARM? YES NO 2				
3. NAME OF DECEASED (Type or print)	First JAMES	Middle BLAINE	Lost AULT	4. DATE Month OF DEATH May	Doy Year 13. 19 58				
5. SEX Male			DATE OF BIRTH ay 1, 1898	Back brieflight &	FUNDER TYEAR IF UNDER 24 HES.				
100. USUAL OCCUPATION during most of working Surveyor	ON (Give kind of work done g life, even if retired)	106. KIND OF BUSINESS OR INDUSTR		or foreign country)  K. W. Va.	U. S. A.				
13. FATHER'S NAME William	A. Ault		14. MOTHER'S MAIDEN N Virginia						
	ER IN U. S. ARMED FORCES (If yes, give wor or dates of service		FORMANT S. Marie O.	Ault R. D. # 2	Keyser, W. Va.				
Conditions, if a gove rise to immed (a), storing the couse lost.	diote couse	Coronary Sc			Sudden				
PART II. OTH	JSE WAS 20b. D	ONS CONTRIBUTING TO DEATH BUT NO			N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2				
20c. TIME OF INJUI Hour o. m. p. m.									
21. I certify the opinion death									
220. BURIAL CREMATIO REMOVAL (Specify)	5/15/58	Skitarelic    22c. NAME OF CEMETERY OF CEM	1 Cem.	22d. LOCATION (City, town, or Red Creek, W.	Va.				
23. FUNERAL DIRECTOR	S SIGNATURE		PAR'S SIGNATURE						

its designated agent, prior to

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# O FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral Upage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: TO FUNERAL DIRECTOR: Aft.

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5178 CERTIFICATE OF DEATH 05172

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (If autside corporale limits, RURAL ond give neorest town) CUMBER LAND	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION  MEMORIAL HO	street oddress)	d. STREET ADDRESS  e. IS RESIDEN ON A FARI YES NO
3. NAME OF First DECEASED (Type or print) ALIC	Middle H	BEIGHTOL 4. DATE Month Day Year OF DEATH MAY 22 19
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH OCTOBER 311884  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 lost birthdoy) 73 yrs.  Months Days Hours M
10o. USUAL OCCUPATION (Give kind of work dor during most of working life, even if retired)  HOUSE  13. FATHER'S NAME	House Wife	ISTRY 11. BIRTHPLACE (Stole or foreign country)  RAWLINGS, MD.  14. MOTHER'S MAIDEN NAME
LYNN HUTSON		MAGGIE HUTSON
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes. no. or unknown)   (If yes, give wor or dates of serve		INFORMANT Address
No	None	MEMORIAL HOSPITAL - CUMBERLAND, MD.
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost.  (c)	grandy Premi	en artirodom 2 me
PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMED YES NO
	Db. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I ar Port II af item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED While Not while foot work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Society, street, office bldg., etc.)
21. I certify that I attended the dolive on 2 2 2  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DR. GEORGE	19_5 ond that death	2, 1958, to May 22, 1958, that I last sow the dech occurred ot 8:50PaM, from the couses ond on the dote stoted of ADDRESS (Street, city or town, state)  M.D. 121 Unin 15 57 22  Cumbulary MA
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) May 25 19	22c. NAME OF CEMETERY OF Hutson Ce	
23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight	ADDRESS Cumberland	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DE SHOMITANO HE ANTINO HE TO THE	STATE DIPARTM	ATTEMENT AND AND ADDRESS OF THE PARTY OF THE
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CALL TO THE REAL PROPERTY.		- E O
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moy be retained by the hosolican attending physician.

TO FUNERAL DIRECTOR: After a certificate has been signed by the ottending physician and campletely filled in by the funeral dipage 3 should be detached for use as the burial-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filled to use as the burial-transit permit. Then please remove corbon pages 1 and 2 should be filled in burial, cremation, or remaral, and in any event within 72 hours offer feath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05173 **CERTIFICATE OF DEATH** 5170

0110				Keg. Dist.	No.
1. PLACE OF DEATH o. COUNTY			(Where deceased lived, If i	institution: Residence I	befare admission)
ALLEGANY	MARYLAND	MARY		ALLEG	ANY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside carporote limits,	write RURAL and give	nearest tawn)
CUMBERLAND		CUMBERL	AND		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
SACRED HEART HOSPITAL		300 BI	EDFORD ST.		YES NO
3. NAME OF First DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH	Manth	Doy Year
ANNA	N.	BONIG		MAY 9th	1958 EAR IF UNDER 24 HRS.
MAKE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birth		
FEMALE WHITE WIDOW	Α-	MAY 10 18	370 87	yrs.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Oa. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)		USTRY 11. BIRTHPLACE (SI	ote or foreign country)	12. CITIZEI	N OF WHAT COUNTR
Housewife	Own Home	MARYI		U.S.	Α.
3. FATHER'S NAME		14. MOTHER'S MAIDE	NINAME		
JOHN SCHILLER			E LOWENSTEIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yes, no. or unknown)   (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address	land, Md.
No	None	DAUGHTER	TEANETTE	BONTG	Laria, ma
Canditions, if ony, which gove rise to immediate couse (a), stoting the under-lying cause lost.  (b)  DUE TO  DUE TO  (c)	Externse	leviers	oper Circ		
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CONTRIBUTING TO DEATH BU				19. WAS AUTOPSY PERFORMED? YES NO
		tener maiore at injury		,	
20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. While at world	Nat while fi	PLACE OF INJURY (Hame, froctory, street, office bldg.,	orm, 20f. (City or tawn)	(Cour	nty) (Stote)
21. I certify that I attended the decease	ed fram	1 1958 to	1/9 1	9. 8 that I last	saw the decease
alive on 1/9 191	-	b accurred av 3 · 4	SAM, fram the cau		
	a , and mar dear	in accorded diget : 2	ADDRESS (Street, city or		date stated abov
ACTUAL SIGNATURE LEV SE	in &	M.D. 416	N. Centr	e St.	5/1/1
PHYSICIAN'S LEO H. LE	EY JR.	Cm	uperland	M&.	
20. BURIAL, CREMATION, 22b. DATE THEREOF BULL 12, 1958	22c. NAME OF CEMETERY C	or crematory Lle Cemeter	22d. LOCATION (City)	7 7	(State)
3. FUNERAL DIRECTOR'S SIGNATURE Byron Kight Cumb (	erland, Md.		EC'D BY REGISTRAR 245 MAY 1 3 '58	REGISTRAR'S SIGNA	TURE

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The major distributed 2000 to the control of the co				
The state of the last state of the state of				
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death.

page 0 VS A15 (4) 15M 10/57

c. CITY OR TOWN (If oulside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO IX 19 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY USA Woodrow Bridges, Sr. Barrelville, Md. CONGENITAL HEART AISEASS IACR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 1958, that I last saw the deceased , and that death accurred at 3 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S Hundman, Pennsylvania John A. Topper M.D. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE Patricks Cath Com 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland MAY 1 9 '58 DATE

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Larel Hill Cemetery

VS A15 (4)

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23. FUNERAL DIRECTOR'S SIGNATURE
George Eichhorn

REMOVAL (Specify)

ADDRESS

Longeoning, Md.

24a. REC'D BY REGISTRAR
DATE MAY 2 9 '58

24b. REGISTRAR'S SIGNATURE

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To the second of	The second secon		diurke 1	Trimera a	Lucian,
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VS A15 (4) 15M 10/57

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	ias been signed by the attending physician and campletely filled in by the funeral different	ial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file.	(
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	ttending	pleose	naval, and in any event within 72 haurs after death.
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pny	ios k	io	סאסנ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5181 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1	PLACE OF DEATH  O. COUNTY  ALLEGANY		MARYLA	ND	2. USUAL RESIDENCE (W. o. STATE		b. COUNTY	n: Residence	before ac	Imission)
1	b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town) CUMBERLAND	16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  KEYSER							
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION MEMORIAL MEMORIAL & WARW!	HOSP'I	TAL'		d. STREET ADDRESS  9 SHARPLE	SS STF	REET	0 3 /	0	RESIDENCE IN A FARM?
3	DECEASED	IARY	Middle M		CAMPBELL	4. DATE OF DEATE	Mont M.		Day 13	Yeor 1958
S	FEMALE 6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		NOV. 14, 1	.871	9. AGE (In years tost birthdoy) OO yrs.			NDER 24 HRS. urs Min.
	On. USUAL OCCUPATION (Give kind of work during most of working life, even if retire At Home	done 10b.	KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (Stote CANADA	e or foreign	country)		EN OF W	HAT COUNTRY?
13	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	JOHN CAMPBEL	I.			JEAN MILL	FR				
	(If yes, give wor or dates of	RCES? 16.			FORMANT S Jean Emi		**	Sharp Keyse		
2	PART I. DEATH Enter only one of IMMEDIATE CAUSE BY. IMMEDIATE CAUSE DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	of Cl	son Fail	m	ycerdile		rleru		ONSET	L BETWEEN
CEPTIFICATION	PART II. OTHER SIGNIFICANT COI							EN IN PART 1	PE	REFORMED?
		20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter nature of injury in	Port I or Pa	rt II of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yo Hour o.m. p. m. 19	While	NJURY OCCURRED 20 Not while k ot work	e. PLA fact	CE OF INJURY (Home, for ory, street, office bldg., et	m, 20f. (Cit	y or town)	(Co	unty)	(Stote)
	21. I certify that I attended the deceased from 4-5-, 19.58, to 18.70, 19.59, that I last saw the deceased alive an 1.300, 19.58, and that death accurred at 1.45 A M, from the causes and an the date stated above.  ACTUAL SIGNATURE FULLER 13 Mulworth M.D. Chumbuland 19.59, 3 May 8									
27	NAME (Type)  Po. BURIAL, CREMATION, REMOVAL (Specify)  REMOVAL (Specify)		TWORTH  22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCA	TION (City, town, o	r county)	(	Stote)
-	Burial May 16,	1950	Quecens	10	witern,	JE	yaw.		-21	5.70
23	FUNERAL DIRECTOR'S SIGNATURE	rec	adoress //	eye	en. W. C DATE	D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGN	TATURES	

HTASIG TO STREET OF DEATH 279

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5230 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE (W. o. STATE		l lived. If institutio	n: Residence		ssion)
	(If outside corporate limits, write   c. LENGTH OF STAY IN 16			c. CITY OR TOWN (IF		rote limits, write RL			rn)
RURAL ond give		-	10 days	22 From	thurg				
d. NAME OF HOS	PITAL (If not in hospital, o	ive street o		d. STREET ADDRESS	- Barnara				SIDENCE
OR INSTITUTIO	Miner's Ho	spit	al	90 Wa	alnut	Street			A FARM?
3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Mont	h	Day	Year
(Type or print)	Jame	S	C.	Carder	DEATH	May	7 2	27th,	19 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UND	ER 24 HRS.
Male	White	WIDOWED	DIVORCED [	Sept.23rd.	1883	lost birthdoy) + yrs.	Months De	oys Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of wark	dane 10b. K	CIND OF BUSINESS OR INDL			untry)	12. CITIZI	EN OF WHA	T COUNTRY
Ret. Driv	orking lite, even it retired er – Salesma	n St	a ndard Oil	Co.Marylan	Бr			USA	
13. FATHER'S NAME	or boaroniic	11 10 00	a second or other	14. MOTHER'S MAIDEN				JUA	
	Ley Carder			Loretta		t.			
	VER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT	, Drail	Addre	955		
(Yes, no, or unknown)			· · · · · · · · · · · · · · · · · · ·	ussell Card	Son Do				1.3
[ ]		151		MASSETT COLU	rer, bo	x 319,F	rosth		da.
100000000000000000000000000000000000000	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	RCINOMA (	of Cherran	1/32	adden		ONSET AN	
/8/.C	Ony, which ) (b	/	ntener sc	leastic /	bux	+ duse	ASC	21	25.
gove rise to couse (o), statis	g the under- DUE TO		Menic	Pasoral	26			30	lays
PART II. (	OTHER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	N IN PART 1	PERF	AUTOPSY ORMED?
20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20Ь. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	II of item 1B.)			
20c. TIME OF INJ Hour o. r p. n	10	20d. IN. While at work	Not while fo	ACE OF INJURY (Home, for actory, street, office bldg., et	m, 20f. (City	or town)	(Cou	unty)	(Stote)
21. I certify	that I attended the	decease	d from MAR	Ch. 1956, 10	17/1.	27.195	that I la	st saw the	deceased
alive on	1/1927	. 195	8 and that death	occurred of	M from				
	alive an								
ACTUAL SIGNATURE	( Japan	(0)	Dece)	1.74	15	MAIR		5	68/5
SIGNATURE	11		D	.M.D.				/	/
PHYSICIAN'S NAME (Type)	John	C.	Levens	FA	15/	burg	170		
220. BURIAL, CREMAT		F	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCAT	ION (City, town, a	county)	(Sto	ote)
Burial	" 5-30-5	5	Oldtown Ce	emetery	01d	town,		I	id.
23. FUNERAL DIRECTO		- 17	ADDRESS		D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN		
Joseph	R. Durst,	Fr	ostburg, Md	DATE	IN 2 '5	8 ares	PALL	1	
				131	444		- ALLAN, AND	- 1	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

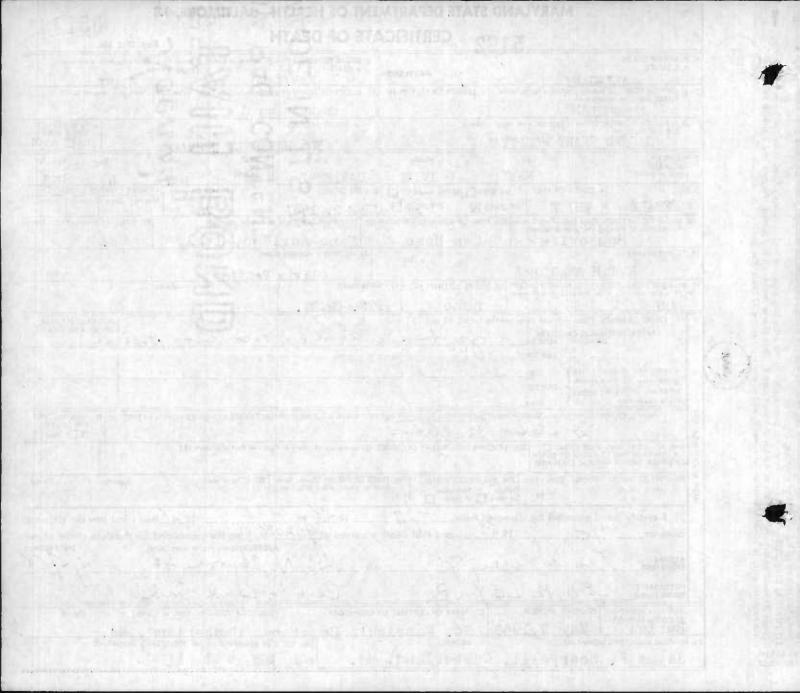
**CERTIFICATE OF DEATH** 5182

		U	5	I	7	-
Rea.	Dist.	No.				

1. PLACE OF DEATH o. COUNTY			MARYLANE		USUAL RESIDENCE (W	here decease	d lived. If instituti	on: Residen	ice befo	re odmis	sion)
	EGANY		MAKTLANE		MARYT	AND	J. COOKIT	AT.T.W	LANV		
b. CITY OR TOWN (If RURAL ond give ne		its, write	c. LENGTH OF STAY IN 18	b	c. CITY OR TOWN (If	outside corpo	orate limits, write R			rest low	n)
	CRIAND			10	2 CIMPERT A	RITO					
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	andress)	- 0	d. STREET ADDRESS	ANU				e. IS RES	IDENIES
OR INSTITUTION				1	G. SIKEEI ADDKESS						FARM?
SACREL	HEART HOS	SPITA			306 WA	VEREL	TERRACE			YES [	NO 🔼
3. NAME OF DECEASED	Fie	rst	Middle		Last	4. DATE	Mon	th	Da	v	Yeor
(Type or print)	-	IARY	OLIVIA		CARPENTI	OF DEATH	MAY		11	'	1958
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	] B. D.	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER			
FEMALE	WHITE	WIDOWE	ED DIVORCED	TIP	E 2. 1887		70 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Stole	or foreign c	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY
during most of work	ing life, even if refired	)							TTCL		
13. FATHER'S NAME	usewife		Own Home	1.	Fano Adr		Italy		USA		
				14	. MOTHER'S MAIDEN	NAME					
JOSE	PH AMADIO				Olivia	VeCii	2				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFO			Add	ress			
no	If yes, give war or dates of s	ervicel	nono	Deno	OUT A TOM						
	ne for .		none	FIE	CHART.						
	H WAS CAUSED BY:	use per lir	ne for (o), (b), and (c).]		m	. /				ET AND	
PART L. DEAT	IMMEDIATE CAUSE (o	)	Hypertensin	e.	andw -	Vasc	ulp	Drae	101		DEATH
443X	DUE TO		()							-	
Conditions, if on	v which )										
gove rise to in	mediate								-		
couse (o), stoting t	he under-										
lying couse lost.	) (c										
PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 15	P. WAS	AUTOPSY
3 260x	Drake	des	nellitis								RMED?
PART II. OTH  200. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY)	UNDERLYING [	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Er	ter nature of injury in	Port I or Por	I II of item IB.)				
OR CONTRIBUTING	CAUSE OF DEATH				3						
		1									
20c. TIME OF INJURY Hour o. m.	Month, Doy, Yes	While	NJURY OCCURRED 20e.  Not while	PLACE (	OF INJURY (Home, form street, office bldg., etc.	n, i 20f. (City	or town)	(C	County)		(Stote)
p. m.	19	of work									
21 Leartifu the	at Jattended the	docone	nd from 4/7		10 18 1-	5/16	· · · ·	2			
	Julienoed Ille	(			, 17 , 10	107					deceased
alive on	1-2	19 3	ond that dea	th acc		M, fran	n the causes a	nd on th	ie dat	e state	ed obove
	9	V			Carrett .	ADDRESS (SI	reet, city or lown,	stole)		D	TE SIGNED
ACTUAL SIGNATURE	low.	De	n H.	M.D.	46 N	Ces	whe of	1		1/	1758
	1	7	10			7					
PHYSICIAN'S NAME (Type)	LEO H.	LE	YJR.		Cump	erla	ul m	d.		/	
220. BURIAL, CREMATION	. 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CRE	MATORY	224 1004	ION (City, town, o				
REMOVAL (Specify)	35 N						ilois (City, town, o	r county)		(Stot	e)
Burlal	May 7,	1958	St. Patri	ick!	s Cemeter		umberla		Md.		
23. FUNERAL DIRECTOR'S			ADDRESS			D BY REGIST	RAR 24b. REGIS	TRAR'S SIC	NATUR	E //	
James F.	Scarpel	li,	Cumberland,	, Mo	DATE	MAY.	B '5\$ ( ?	Uhr	BALL	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: A his certificate has been signed by the attending physician and campletely filled in by the funeral different page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. V\$ A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05180

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET-AND DEATH

> PERFORMED? YES NO

> > (Stote)

(Stote)

ON A FARM? YES NO Z

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death.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, priar to burial, cremation, or removal, and in any event within 22 hours after death. I execute the certificate, writing 4 should be forwarded to TO FUNERAL DIRECTOR: PC

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05181

Reg. Dist. No.

	COUNTY ALL	EGANY		MARYLAND	2. USUAL RESID		Vhere deceo	sed lived. If instit b. COUN		lence bel	
è	and give nearest town	BERLAND	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TO			porote limits, write	RURAL on	d give n	earest town)
	. NAME OF HOSPITA			EART HOSPITAL	d. STREET AD	DRESS		ERLAND.	MD.		e. IS RESIDENCE ON A FARM? YES NO NO
	NAME OF DECEASED (Type or print)	Fir SAMUE		Middle FIN CLOPPER,	SR.		4. DATE OF DEATH	Man		Doy 27	Year 1958
5. 5	ex MALE	6. COLOR OR RACE WHITE	7. MARRIEL	D NEVER MARRIED 8	APRIL 7	7. 1	899	9. AGE (In years lest birthdoy) 59 yrs.	Months	Days	IF UNDER 24 HRS. Hours Min.
Au 13.	to & Dies FATHER'S NAME FRISBY WAS DECEASED EVE	life, even if retired)	OPPER	IND OF BUSINESS OR INDUSTI SETUCTION  SOCIAL SECURITY NO.   17.   18	Keedys	AIDEN N	le, M		U	S.	
	PART I. DEATI 443 X Conditions, if an gave rise to immedi (a), stating the u	nderlying DUE TO	Ce.		hage				. Kt.	INTER	Cumberlar VAL BETWEEN F AND DEATH 2hrs.
CERTIFICATION	PART II. OTHI  200. EXTERNAL CAU PRIMARY D or CON CAUSE OP DEATH.	SE WAS 20	DITIONS COI	NTRIBUTING TO DEATH BUT N		*****			VEN IN PAI		9. WAS AUTOPSY PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Doy, Ye	20d, It While of wor	Not while facto	CE OF INJURY (Ho ory, street, office b			y or town)	(Co	unly)	(Stote)
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	resulted fram:  Be nedic  piania Ski  725. DATE THEREO  5/31/58	Ski t Ski tarel	emains described abarauses X. Accident [  carelic, M.D.  ic  27c. NAME OF CEMETERY OR  Sunset Memori  ADDRESS	_M.D. CHIEF MEI ASSISTANI DEPUTY M CREMATORY al Park	DICAL EXIT MEDICAL I	AMINER EXAMINER EXAMINER EXAMINER CUMB D BY REGIS	TION (City, town,	Mar or county)	ay 2	DATE SIGNED  27, 1958  (Slote)
J	ohn J. Ha	fer, 2.0	Baltin	more Ave.		DATE	JUN 2	'58	Une	oull	1

## MARYLAND STATE BUNALTHER OF STATE OF DESTRUCTIONS TO MEDICATE OF DEATH OF STATE OF DEATH OF STATE OF S

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CERTIFICATE OF DEATH

EIDE

05182

	31.0					Reg. Dist. No	
. PLACE OF DEATH o. COUNTY ATJUEGAN		MARYLAND	2. USUAL RESIDENCE (Was STATE		b. COUNTY	n: Residence befo	re admission)
b. CITY OR TOWN RURAL and give CUMBERL	(If outside corporate limits, wrineorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	FCKHART		prest town)
d. NAME OF HOSE OR INSTITUTION SACREI			d. STREET ADDRESS		<u> </u>		e. IS RESIDEN ON A FAR YES NO
NAME OF DECEASED (Type or print)	First GRIFFITH	Middle T IMOTHY	CONNER	4. DATE OF DEATH	Manth	18	y Yeor
MALE		ARRIED WEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9/2/02	9. 1		Months Doys	
Oa. USUAL OCCUPAT during most of wa MILL W	orking life, even if refired)	06. KIND OF BUSINESS OR INDI			γ)	12. CITIZEN C	OF WHAT COL
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		- 00	
Louis	S CONNER (DEC	CEASED)	EMMA DAV	IS (DECI	EASED)		
Yes, no, or unknown)	/ER IN U. S. ARMED FORCES?  (If yes, give wor or doles of service)  EATH [Enler only one couse pe	216-10-6822	PATIENTS CHAR	RT	Addres	255	
456X  Conditions, if gove rise to couse (o), stotin	immediate (	Enfros Engt	The transfort	Dissu	inot		ERVAL BETWEE
Conditions, if gove rise to couse (o), stotim lying couse lost	ony, which immediate g the under-	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	Distantinal disease co	ENDITION GIVEN	ta 2	9. WAS AUTO
Conditions, if gove rise to couse (a), stotin lying couse lost  PART II. O  PART II. O  OR CONTRIBUTING (IF EITHER, NOTIF	ony, which immediate g the under- (c)  THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU				ta 2	9. WAS AUTO
Conditions, if gove rise to couse (o), stotim lying couse lost	Ony, which immediate g the under (c)  THER SIGNIFICANT CONDITION  VAS UNDERLYING (C)	DESCRIBE HOW INJURY OCCURR		Port I or Part II o	f item 18.)	ta 2	9. WAS AUTO
Conditions, if gove rise to couse (a), stolin lying couse lost PART II. O PART III. O OR CONTRIBUTING (IF EITHER, NOTIF Hour o.m. p. m  20c. TIME OF INJUHOUS on p. m  21. I certify alive on	Ony, which immediate g the under:  THER SIGNIFICANT CONDITION  VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Year  19  Chat I attended the december 19	DESCRIBE HOW INJURY OCCURR  I. INJURY OCCURRED iile Not while of work	LACE OF INJURY (Home, farroctory, street, office bldg., etc., 1956 ta M. h. occurred at 12:35	Port I or Port II o	own)  19.58  ie causes and city or town, sy	(County)  (County)  (that ) last so and an the da pte)	9. WAS AUTO PERFORMET YES NO
Conditions, if gove rise to couse (o), stotin lying couse lost PART II. O  20a. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIF Hour o.m. p. m  21. 1 certify alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	IMMEDIATE CAUSE (a)  DUE TO  Ony, which immediate gethe under.  THER SIGNIFICANT CONDITION  WAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Year 20, 19  What I attended the december of the condition of the	DESCRIBE HOW INJURY OCCURR  I. INJURY OCCURRED iile Not while of work	ED. (Enter noture of injury in LACE OF INJURY (Home, fare parties), street, office bldg., etc., 1956 to M. h. occurred at 12:35	Port I or Port II o	own)  19.58  e causes and city or town, sy  amberlar  (City, town, or	(County)  (County)  (Ithat ) last so and an the day  (a) Md.	9. WAS AUTO PERFORMEL YES NO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Per may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the serificate has been signed by the attending physician and completely filled in by the funeral displayers as should be detached the use as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be filter the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

05183

5186

Reg. Dist. No.

1	o. COUNTY	GANY	.00	MARYLAND	2. USUAL RESIDENCE O. STATE MARY		lived. If instituti b. COUNTY	on: Residence		ission)
	b. CITY OR TOWN (IF RURAL and give ned CUMBERL	AND		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If oulside corpore	ole limits, write R	URAL and giv	ve negrest to	wn)
	d. NAME OF HOSPITA OR INSTITUTION WARWICK A	MEMORIAL S	HOSP	oddress) ITAL S	d. STREET ADDRES	BEDFORD	STREET		ON	ESIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Fir NET	TIE	Middle LEE	COOPER	4. DATE OF DEATH	Mon MA Y		Doy 24	Yeor 19 58
5	FEMALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWE	DIVORCED	B. DATE OF BIRTH	892	9. AGE (In years last butteday) 60 yrs.		YEAR IF UN Days Hour	DER 24 HRS.
	Clerk 3. FATHER'S NAME	N (Give kind of working life, even if retired	)	kind of Business or Indu	14. MOTHER'S MAIDE	IRGINIA EN NAME	untry)		S. A.	AT COUNTRY?
1	S. WAS DECEASED EVER		ervice)	SOCIAL SECURITY NO. 17.	CARRIE BI	OSPITAL	Add	BERLAND		
	PART 1. DEAT  153.  Conditions, if on gove rise to im cause (o), stoting It lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which mediate the under- (c)		e for (0), (b), and (c).]  Arch 6 m.  Clene-Co		nera a Sig	2/12e	d	INTERVAL ONSET AN	ID DEATH
CEDTIEICATION	20g. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING		ONTRIBUTING TO DEATH BU				EN IN PART I	PERI	S AUTOPSY FORMED?
MEDICAL			20d. IN While of work	Not while fo	ACE OF INJURY (Home, ctory, street, office bldg.,	form, 20f. (City etc.)	or town)	(Co	unty)	(Stole)
	ACTUAL SIGNATURE	at I attended the 4 Mig. Slen 12	19.5 6	and that death	19.58, ta.	5P. M. fram ADORESS (SITE		ind an the	date sta	e deceased abave. DATE SIGNED US 58
L	Removal (Specify)  Burial	5/27/58	F	22c. NAME OF CEMETERY C	Burial Pa		ON (City, town, o	2	arvla	ote)
23	Ruth E.	SIGNATURE Silcox	Cuml	ADDRESS berland, Mai		REC'D BY REGISTR	10	TRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death, may be retained by the hasoi page 3 should be detached VS A15 (4) 15M 10/57

	SHE OF REALTH-BAR HARDER,	ATRACE STATE CHALVRAM	
		CERTIFIC	
7 (11)	CAUTILLY	THE TAKE THE	
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	PARTITION OF THE PARTIT	Exercise Disease 1270 E. S.	
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		internation of the Contract of	
	Daries Fresh Commercial	Variable boly to lar	
		ice , dairearus   keclif .5	114 1471

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 5107

05184

	010	4			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylar	h COUNTY	on: Residence before admission) Allegany
b. CITY OR TOWN RURAL and give n		rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of 2 Cumberla	utside corporote limits, write R and	
d. NAME OF HOSPI OR INSTITUTION 312 Inde	TAL (If not in haspital, give sependence St.	treet address)	d. street address 312 Indepen	idence St.,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James A	Middle 1bert Clyde	Crosby	4. DATE Mon OF DEATH Ma;	/
s. sex Male	771 * 4	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH  June 21, 189	9. AGE (In years last birthday) 63 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Carman he	rking life, even if refired)	106. KIND OF BUSINESS OR INDU	Bedford Co		12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Josiah (	Crosby		Elizabeth	Brennan	
15. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? If yes, give wor or dates of service		informant s. Sylvia L. C	rosby 312 Inc	Cumberland, Md. dependence St.
	ATH [Enter only one couse ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	per line far (o), (b), ond (c).]  CEREBRAL HEMO	DRRHAGE		INTERVAL BETWEEN ONSET AND DEATH  1 HR
Conditions, if of gove rise to couse (o), stoting lying couse lost.	the under-	HYPERTENSION			2-3 YRS
ICATI					YEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING   206 G   CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort f or Port II of item 18.)	
20c. TIME OF INJUI Hour o. m. p. m.	V	Od. INJURY OCCURRED 20e. Pl Vhile Nat while for t work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
alive on5	hot I attended the dec		occurred ot 7:00	AM, from the couses of ADDRESS (Street, city or town,	
PHYSICIAN'S NAME (Type) W	ILLIAM P. I	AMES, M.D.	m.u.,	V. CENTRE ST	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	5/24/58	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, of Hyndman, Penr	or county) (Stote)
23. FUNERAL DIRECTOR Charles		ADDRESS umberland, Maryla			STRAR'S SIGNATURE

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: is certificate has been signed by the attending physician and campletely filled in by the funeral use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be femation, or removal, and in any event within 72 hours affer death. may be retained by the haspital
TO FUNERAL DIRECTOR: Af
page 3 should be detached the registrar priar to burial, VS A15 (4) 1SM 10/57

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	de organisation	A Service of the Control of the Cont	Desired the second
	Hale A		

05185 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE MARILAND b. COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town 3 DAYS CUMBERLAND d. NAME OF HOSPITAL (If agr in haspital, give street address)
OR INSTITUTION MEMORITAL HOSPITAL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 828 GREENE STREET MEMORIAL & WARWICK YES NO AVES. First Middle Last 4. DATE DECEASED OF DEATH Crittenden DAVIS MAY LEWYN (Type or print) 19 6. COLOR OR RACE 7. MARRIED MANEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days MALE june 18. 1904 WIDOWED T DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Allegany Co. Schools CUMBERLAND, MARYLAND U.S.A. Supver. Jr. Hi-School 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HUNTER P. DAVIS ELIZABETH FOWLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-38-5470 Mrs. Rubye W. Davis 828 Greene St., Cumb. Md. No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate DUE TO

couse (o), slating the underlying couse lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 5160NCH117

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18/

PERFORMED? YES NO T

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, 120f. (City or town) factory, street, office bldg., etc.)

(County) (State)

19 d.that I last saw the deceased

21. I certify that I attended the deceased fram.

of work at work

and that death occurred at 7:15

ACTUAL

20c. TIME OF INJURY

Hour o. m.

p. m.

2 '58

NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial

PHYSICIAN'S

22c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park 22d. LOCATION (City, town, or county) Cumberland, Maryland

ADDRESS (Street, city or town, stote)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George

Cumberland, Md.

24g. REC'D BY REGISTRAR

DATE MAY

24b. REGISTRAR'S SIGNATURE

M, from the causes and on the date stated above.

VS A15 (4) 15M 10/57

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page

TO FUNERAL

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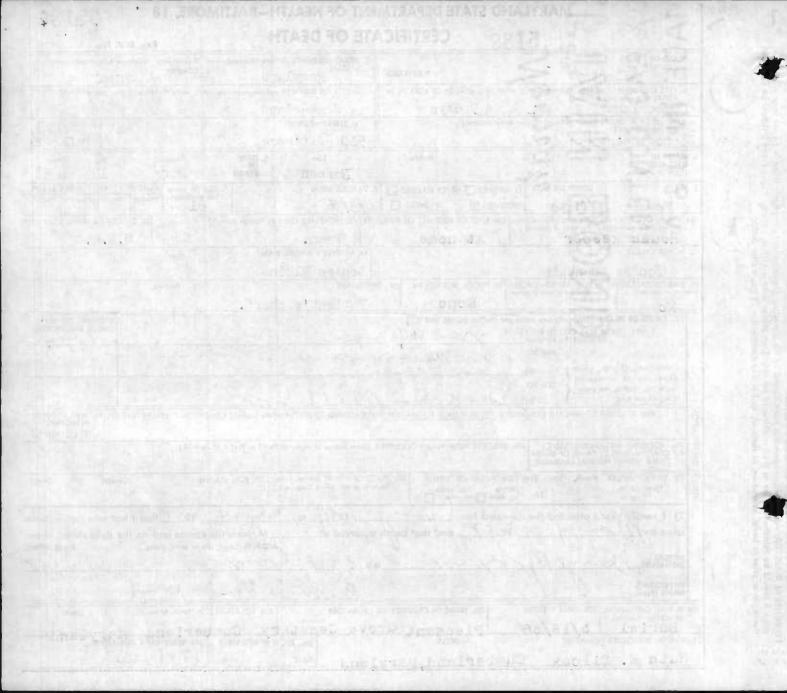
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ned by the attending physician ond completely filled in by the funeral disconnermit. Then please remove carbon papers. Poges I and 2 should be filled in	(	M
filled in by th		6
d completely	Jedith:	I
physician on smove carbor	hours after	)
he attending hen please re	n any event within 72 haurs after death	
ned by the ermit. T	n any ev	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05186

		5	189	CERTIF	IC/	ATE OF E	DEATH	1		Reg. C	Dist. No			
1. PLACE OF DEATH  o. COUNTY  Allegany  MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany								
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi earest tawn)	ts, write	c. LENGTH OF STAY IN	V 1b				rate limits, write				RESIDENCE N A FARM2 Yeor 111-19 58 NDER 24 HRS. 173 Min. HAT COUNTRY  AS AUTOPSY RFORMED? (Stote)	
Cumberland 5 days  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Sacred Heart Hospital							ONAF							
3.	NAME OF DECEASED (Type or print)	Fir Alice		Middle		Tene	st	4. DATE OF DEATH		enth RV	D. 7	oy az	Year	
5.	SEX Female	6. COLOR OR RACE	_	NEVER MARRIED		8. DATE OF BIRT 6/3/96			9. AGE (In years lost birthday)	Months Months			ER 24 HRS.	
	during most of work  House k	ON (Give kind of work of king life, even if retired	done 10b.	KIND OF BUSINESS OR  At home		STRY 11. BIRTHPI	in.			12. C	ITIZEN O		COUNTRY	
		Mountain R IN U. S. ARMED FOR	CES?   16	SOCIAL SECURITY NO.	17. 11	Louise			bA	dress				
		(If yes, give wor or dates of s		None		Patien	t's c	hart.		ores.				
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	-	ye far (a), (b), ond (c).]	-57	ia								
	Conditions, if or gove rise to it cause (o), stoting lying couse last.	mmediate (	9/	en arte	-	mel	lite	2	nter.	Lliv				
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	'H BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o)	19. WAS PERFO YES	DRMED?	
CERTIFI	200, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRE	D. (Enter noture o	of injury in I	Port I or Por	t II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED Mile Not while of work o													
	21. I certify the alive opposite the actual signature.	at I attended the	decease _, 19	ed fram US	iegih	accurred dt	sul	_M, fran	the causes reel, city or town	and on		ate state		
220	NAME (Type)		)F	22c. NAME OF CEMET	ERY O	R CREMATORY	my	22d, LOCA	TION (Čity, tawn,	at county	(	(Stot		
	REMOVAL (Specify) Burial FUNERAL DIRECTOR	5/16/58	3	Pleasant		ove Ce		cy C	umberl	and	Mar	-vla		

Cumberland Maryland



05100

	5	231	CERTIFIC	AT	E OF DEATH			Reg. D	ist. No	UJ.	100
1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	2.	USUAL RESIDENCE (Who o. STATE Mary		lived. If institution b. COUNTY			re odmis	
RURAL ond give.	RURAL and give negrest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town  Prostburg						n)	
d. NAME OF HOSE OR INSTITUTION	35 Broadwa		oddress)		d. STREET ADDRESS  35 B	roadv	vay			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ROBERT	rst	LONGRIDGE		EDWARDS	4. DATE OF DEATH	MAY	ih	5,		Yeor 19 58
s. sex male	6. COLOR OR RACE	7. MARK	ED DIVORCED DIVORCED	8. D	8-16-1879		9. AGE (In years last birthday) 7 yrs.	Months Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
Retired	ION (Give kind of work orking life, even if retired for aman	1	kind of Business or independent mines	JSTRY	Maryla	-	untry)	12. CI		S.A	• COUNTR'
13. FATHER'S NAME Charl	3. FATHER'S NAME Charles Edwards					AME ongri	.dge				
1S. WAS DECEASED EN (Yes, no. or unknown)	/ER IN U. S. ARMED FOR (If yes, give wor or dates of s		1 41		RMANT Robt. E	dward	ds, Fro		rg,	Md	•
Conditions, if gave rise to couse (a), statin lying couse lost	g the under-	)			chial A						AR
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF		50/2	CRIBE HOW INJURY OCCURR	PR	f dese.	ASC		EN IN PAI	RT I(o)	PERFO	RMED?
Hour o. m											(Stote)
21. I certify alive on	John C.	19			E.	M, from	eet, city or lown,	nd on t	last so	te stat	decease ed abav ATE SIGNE
Burial Specif		58			ematory al Park		ION (City, town, o	,,		(Sto	(e)
J. R. 1	rs signature Durst, Fro	stbi	ADDRESS		24a. REC'D	BY REGISTE	Can	TRAR'S SI	GNATU	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. D FUNERAL DIRECTOR: After is certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. may be retained by the hasaik TO FUNERAL DIRECTOR: Aft

VS A15 (4) 1SM 10/57

J. R. Durst, Frostburg, Md.

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is certificate has been signed by the atlending physician and campletely filled in by the funeral use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be to

after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	51	90	CERT	IFIC	ATE O	DEATH	1		Reg. D	ist. No	41.4	107
1. PLACE OF DEATH o. COUNTY	LLEGANY		MAR	YLAND	2. USUAL o. STAT		ere decease	d lived. If instituti b. COUNTY		ence befo	re admis	sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)  CUMBERLAND			c. LENGTH OF STAY  2 DAYS					porote limits, write RURAL and give nearest town)				
OR INSTITUTION	ORIAL HOSPI		oddress)		d. STRE	ET ADDRESS						SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	FRA		Middle P.		ELDS	Last	4. DATE OF DEATH	Mor M	AY	Do	3	Yeor 19 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWE	ED X NEVER MARRI		B. DATE OF	BIRTH DBER 19		9. AGE (In years lost-bisthdoy) yrs.	IF UNDE Months	R 1 YEAR Days	IF UND Hours	ER 24 HRS. Min.
FARMING	ON (Give kind of work rking life, even if retired	done 10b.	(IND OF BUSINESS (	OR INDU		WEST VI	RGINI		12. CI		S.A.	COUNTRY
13. FATHER'S NAME HENRY F	IELDS					ICTORIA		LFISH				
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	). 17. 1	NEMOR I	L HOSPI	TAL -	CUMBERL	ÄND,	MARY	/LANC	)
Conditions, if a gove rise to cause (o), stoling lying couse lost.  PART II. OT	the under-	)	ONTRIBUTING TO DE	ATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(a) 1	PERFC	AUTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING  GOOD CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY C	CCURRE	D. (Enter nati	re of injury in F	ort I or Par	t II of item 18.)				
Y 20c. TIME OF INJUING Hour o. m. p. m.	RY Month, Doy, Yes	While	JURY OCCURRED Nat while of wark	20e. PL	ACE OF INJU	RY (Home, form, office bldg., etc.	20f. (City	y or town)	_ (	(County)		(State)
21. I certify the	hat I attended the	decease		S	, 19		5-10	, 17				
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DR. JOHN	19 SON	luce	death	1 -/		ADDRESS (S	n the causes of treet, city or town,	state)	the da		ATE SIGNE
220. BURIAL, CREMANO REMOVAL (Specify Burial	5-12-		22c. NAME OF CEM			m	Spri	TION (City, town, one field,	West			
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATO REMOVAL (Specify	ON, 226. DATE THEREC				R CREMATOI	Y	22d. LOCA	TION (City, town,	or county)		(Stot	le)

TO HOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After its certificate has been signed by the attending physic page 3 should be detached by use as the burial-transit permit. Then please remove the registrar prior to burial, cremation, ar removal, and in any event within 72 beaus VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5191 CERTIFICATE OF DEATH

Reg. Dist. No. 187

1. PLACE OF DEATH 0. COUNTY	PLACE OF DEATH  a. COUNTY  QLEGANY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  ALLEGANY  ALLEGANY									
b. CITY OR TOWN RURAL ond give CUMBE		ils, write	26 DAYS	c. CITY		outside corporate	e limits, write R	URAL ond giv	e nearest tow	n)
d. NAME OF HOS OR INSTITUTION MEMOR	PITAMEMOR PARE IN I	K AVES	( ess)	/ 4. STR	NORTHM	ECHANIC	ST.,			FARM?
3. NAME OF DECEASED (Type or print)	Fi N	ARY	Middle S.	FC	Last L.K	4. DATE OF DEATH	Mon MA		2	Yeor 19 58
5. SEX FEMALE	6. COLOR OR RACE	7. MARRIE	DEVER MARRIED DIVORCED	B. DATE OF		.1885	AGE (In years last birthdoy)  2 yrs.	-	YEAR IF UND	Min.
100. USUAL OCCUPA during most of w House	TION (Give kind of work orking life, even if retired WOPK	)	IND OF BUSINESS OR IN	DUSTRY 11. BII	THPLACE (Stole	or foreign coun	A •	U.S	·A ·	COUNTRY?
13. FATHER'S NAME	) KERR				HER'S MAIDEN I	Clark	sen			Yan .
15. WAS DECEASED E [Yes. no. or unknown)	VER IN U. S. ARMED FOI (If yes, give wor or dates of		OCIAL SECURITY NO. 17	. Informant	Folk		Add Cumb e	rland	. Md.	) John
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO	], ]+	yperterso Hordro	con and made and more more more more more more relationships and more relationships and more more more more more more more more	ron	talle roscle en Di		?	10 ye	evi
OR CONTRIBUTIE	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCUP	RED. (Enter nat	ure of injury in	Port I or Port II	of item 18.)		YES 🗆	NO 🗆
20c. TIME OF INJ	1.	ar 20d, INJ While of work	Not while	PLACE OF INJU foctory, street,	JRY (Home, form office bldg., etc	n,   20f. (City or	town)	(Con	onty)	(Stote)
alive on  ACTUAL SIGNATURE	that I attended the muy	deceased , 19_5	from 1946, and that dec	th occurred		AM, from the ADDRESS (Street		and on the	date state	deceased ed above, ATE SIGNED
PHYSICIAN'S NAME (Type)	ON, 22b. DATE THEREO	OF I	22c. NAME OF CEMETERY	OR CREMATO	un	ferla	N (City, town,	nd.	164-1	
Burial	5/6/5			Park			tburg.	or county)	(Stot	ej
23. FUNERAL DIRECTO	OR'S SIGNATURE	m.	Jonaco	ning !	24a. REC	D BY REGISTRA	R 24b REGI	STRAR'S SIGN	TATURE	

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## HEALTH DEPT. N

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ples execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Pages A should be forwarded to "Chief Medical Examiner's Office along with form MAS. Pages 5 may be retained for your filed TO FUNERAL DIRECTOR: Page 3 should be vised as a burial-transit permit. File pages 1 and 2 with the State Board of Head or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. ar its designated agent, priar

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05188

Reg. Dist. No.

PLACE OF DEATH	llegany		MARYLAND	2. USUAL RESIDENCE (V		b. COUNTY				sion)
b. CITY OR TOWN (IF		RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		orote limits, write				n)
and give nearest town) Cumberlan			D.O.A.	Cumberla	and					
		If not in ho	spital, give street address)	d. STREET ADDRESS						SIDENCE A FARM?
Memorial	Hospita	1		110 Utah	. St.					NO X
3. NAME OF DECEASED	Fir	sf	Middle	Lost	4. DATE	Month		Day	Ye	ar
(Type or print)	Hug	h	Albert	Forquer	DEATH	May		6	19	58
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	-		R 24 HRS.
Male	White	WIDOWE	DIVORCED	June 17. 1	915	42 yrs.	Months [	Days	Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF	WHAT C	COUNTRY?
Contract				Ponce,	Porto	Rico				
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
Francis	Joseph F	orqu	er	Lsaura	Tossi	8				
15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.		NFORMANT		Address				
No		2	09-10-0991Jo	sephine Fo	rquer	Johnst	own,	Pa.	•	
	H [Enter only one cou	se per line	for (0), (b), ond (c).]				,	INTERV	AL BETWEE	TH M
PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)		Coronary Oc.	clusion				1	hr	
1420.1	DUE TO							1		
Conditions, if or		1	Coronary Sc.	lerosis						
gove rise to immed (a), stating the u										
couse lost.	) (c									
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASI	E CONDITION GIV	EN IN PART	1(0) 19.	PERFOR	UTOPSY RMED?
3			ypertrophy,					Y	ES X	но 🗆
PART II. OTH  200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	ISE WAS HTRIBUTING []	b. DESCRI	BE HOW INJURY OCCURRED. (E	inter noture of injury in Po	rt 1 or Port II	of item 18.)				
20c. TIME OF INJUR	Y Month, Doy, Ye	Whi	f. d	CE OF INJURY (Home, for ory, street, office bldg., etc	m. 20f. (Cily	or lown)	(Cou	nty)		(Stote)
	at I taak charae		remains described obo	ve. held on Autop	sv XI. Ir	spection X	Inquir	v D0.	and	d in my
			couses N. Accident					-		,
opinion decin	A resorted from:		Cooses Ed, Accident	, soleide [	ridillicide		mined ii	dimei		
ACTUAL	Love de	T.VI	oitabel al	M.D. CHIEF MEDICAL E	XAMINER []				DATE SI	GNED
SIGNATURE	remeric		macers	ASSISTANT MEDIC	CAL EXAMINE	R []				
EXAMINER'S NAME (Type)	Benedic		itarelic	DEPUTY MEDICAL	EXAMINER (	4	N	lay	6,	1958
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREC	OF '	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town, o	or county)		(Slote	)
Burial	5/9/58		Grandview (			istown,				
23. FUNERAL DIRECTOR			ADDRESS	240. REC	'D BY REGIST	RAR 246. REGIS	STRAR'S SIG	NATURI	E	
William	Moskal	John	stown, Pa.	DATE	MAY 8	'58 0	2			
						00	11-10	MIL	1	

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05189

**CERTIFICATE OF DEATH** 5193

Reg.	Dist.	No

						-	
1. PLACE OF DEATH O. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (WE a. STATE Maryla	nere deceased lived and	l. If institution b. COUNTY	n: Residence before Allega		n)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumberland	years	c. CITY OR TOWN (If control of the c		mits, write RU	RAL and give nec	arest town)	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress OR INSTITUTION 546 Fairview Aven		d. STREET ADDRESS  546 F	airview	Avenue	and the second second	e. IS RESII	FARM?
3. NAME OF First DECEASED (Type or print) ARNOLD F	Middle ROY FRAI	NKLAND	4. DATE OF Ma	y 1			58
6. COLOR OR RACE 7. MARRIED NAME WIDOWED WIDOWED	NEVER MARRIED   DIVORCED	8. DATE OF BIRTH 31, 1893	9. AC		Months Doys	-	
	eg, County an Retreat	Westerno 14. MOTHER'S MAIDEN N Mrs. Roy F	rt Mary	land 54	12. CITIZEN O USA 46 Fairy	riew	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) [ (If yes, give wor or dates of service)		nformant rs. Roy Fran	kland	546 Addres	imperiar Tirview	Aven	
18. CAUSE OF DEATH [Enter only one couse per line for (a PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ORO  420.1  Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost.	0	clusion se and h	per tens	ù-		ever 1	PEATH  PAY   AY   AY   AY   AY   AY   AY   AY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL		NOT RELATED TO THE TERMI			N IN PART 1(o)	9. WAS A PERFOR YES []	MED?
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY	ot while fa	ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f. (City or ton	wn)	(County)		(Stote)
21. I certify that I attended the deceased from alive an 130 for 1958.  ACTUAL SIGNATURE CAUTAL Brusquille PHYSICIAN'S CARLTON BRINSFIE	_, and that death	17- 0 -	M, from the ADDRESS (Street, c	causes ar	tote)	te stated	deceased dabove. It signed
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. I REMOVAL (Specify) May 17, 1958 Hi	NAME OF CEMETERY O		Cumberl		county) Maryland	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE  John J. Hafer, Cumberland,	DDRESS Maryland		D BY REGISTRAR	24b. REGIST	TRAR'S SIGNATUR	E	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: Alt his certificate has been signed by the attending physician and campletely filled in by the funeral page 3 should be detached. It use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the registrar prior to burial, Erematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

THE PARTY OF DEATH Total Committee of the on algered hard today to but y man

the registrar priar to burial, cremation, ar

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5194 **CERTIFICATE OF DEATH**  Dist. No. 05190

					144 B. D. 114 144.
1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If instituti b. COUNTY	on: Residence before admission)
	egany			vland	Allegany
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write R	URAL and give nearest town)
	erland		02 000	mberland	
d. NAME OF HOSE	PITAL (If not in hospital, give street	et oddress)	d. STREET ADDRESS	moer tand	e. IS RESIDENCE
	Sacred Heart Ho		1		ON A FARM?
			124 Bedf		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mor	nth Day Year
(Type or print)	Nora	R.	Geary	DEATH Ma	v 16. 1958.
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE fin years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	White WIDO	WED DIVORCED	Feb. 5 1877	lost birthdoy)	Manths Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 10		ISTRY 11 RIPTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
during most of we	orking life, even if refired)			or loreign country)	
Retired  13. FATHER'S NAME	School Teacher		Maryland		U. S. A.
IJ. FAIMERS NAME			14. MOTHER'S MAIDEN		
Harris Sar	Martin Geary		Mary	F Fitzpatrick	
15. WAS DECEASED EN	VER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress
NO. OF UNRIDWE	(If yes, give war or dates of service)		Neighbor Mrs	. Manley	
18. CAUSE OF DE	EATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL RETWEEN
	FATH WAS CALISED BY.		handa		INTERVAL BETWEEN ONSET AND DEATH
420.0	IMMEDIATE CAUSE (0)	Coronary Throm	00818		1 day
	DUE TO	And	4 - 17 b D .		00
Conditions, if		Arteriosclerot.	ic Heart Dise	ase	20 yr.
gove rise to			_ 4-4		
lying couse last		None			
PART II. O		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY
ATIC	Advanced age			The state of the s	PERFORMED?
U 200 ACCIDENT IA	Manaticed age	CCRIRE HOW IN IN IN CO.			YES NOTO
PART II. O	VAS UNDERLYING   20b. DE G   CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)	
	JRY Month, Doy, Year 20d.		ACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (State)
Hour o. m.			ictory, street, office bldg., etc	)	(31012)
			-/-		
21. I certify t	that I attended the decea		, 1951, to Ma	y 16, 1958	,that I last saw the deceased
olive an Ma	y 16, 19	58 , and that death	occurred ot4.15	P.M. from the causes of	and on the date stated above
0	0			ADDRESS (Street, city or town,	stote) DATE SIGNED
ACTUAL	ames t. Na	elevan MX			
SIGNATURE			M.D. 140 Bedfo	ru ptreet	5-17-58
PHYSICIAN'S NAME (Type)	James P. Hallir	an M. D.	Cumberla	nd, Maryland.	
220. BURIAL, CREMATIO	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	DR CREMATORY	22d. LOCATION (City, town, o	or county) (State)
Burial Specify	5/19/58	St. Marys	Cemetery	Lenacenin	g. Md.
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D BY REGISTRAR 246. REQUE	
George I	Sichhern	Lenacening,	Md. DMAY	11	educk

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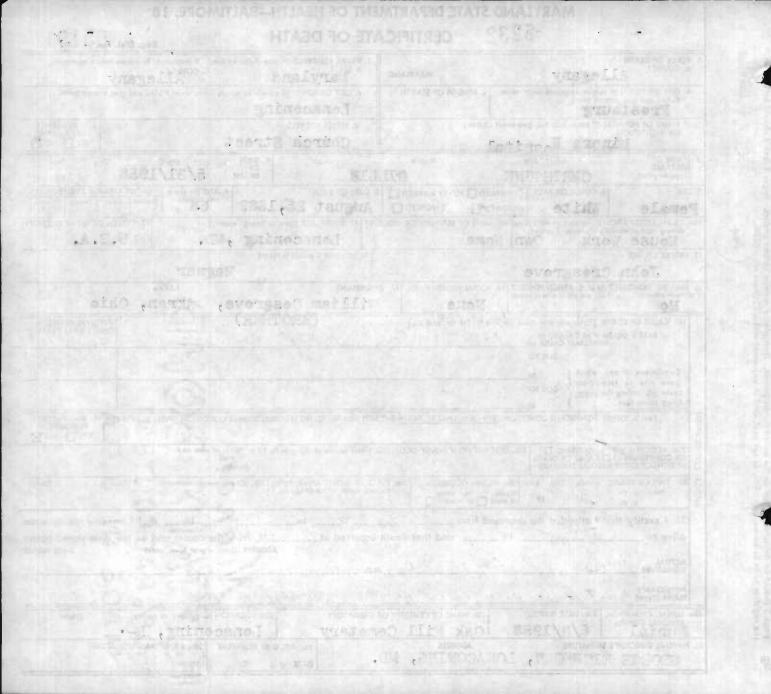
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VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5232 CERTIFICATE OF DEATH

05101-

			- GRICIII	107-111	OI DEAI	• •		Reg. Dis	t. Nd. 4	TOT
	Allegany		MARYL	AND 2.	USUAL RESIDENCE (Mo. STATE Marylan	/here deceas	ed lived. If institut b. COUNT			admission)
b. CITY OR TOWN RURAL and give		, write	c. LENGTH OF STAY II	N 16 X	c. CITY OR TOWN (IF		orate limits, write l	RURAL and g	ive rieare	st town)
OR INSTITUTIO	SPITAL (If not in hospital, giv ON Miners Heap	ital	ddress)	1	d. STREET ADDRESS Church	Stree	t			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CHRISTI	NE	Middle	GILL]	Last S	4. DATE OF DEATE	5/31	/1958	Day	Year 19
5. SEX Female	6. COLOR OR RACE	MARRII	_		TE OF SIRTH	1889	9. AGE (In years lost bathday) yrs.			UNDER 24 HRS. Hours Min.
House	ATION (Give kind of work do working life, even if retired) WORK OW		IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote		, MD.		J.S.	WHAT COUNTRY
13. FATHER'S NAME	n Cresgreve			14	. MOTHER'S MAIDEN	NAME	Wagner			
	EVER IN U. S. ARMED FORCE		OCIAL SECURITY NO.	17. INFO	MANT	sgrev	Add	ress	hie	
Conditions, if gave rise to cause (o), stolin lying couse los	f any, which (b) (b) DUE TO		Herrose	Cross	ie Hear	/ Ala	Alase		10	YP. 3 = 3 !
20g. ACCIDENT V	WAS UNDERLYING 2 NG CAUSE OF DEATH IFY MEDICAL EXAMINER	100	ONTRIBUTING TO DEAT			7 4		/EN IN PART	-	WAS AUTOPSY PERFORMED? 'ES NO
20c. TIME OF INJ Hour o. ;	JURY Month, Day, Year	While	JURY OCCURRED 2 Not while at work	Oe. PLACE (	OF INJURY IHome, far street, office bldg., et	m, 20f. (Cir	y or town)	~ (C	ounty)	(State)
21. I certify alive on  ACTUAL SIGNATURE	that I attended the co	, 12 F		death occ	., 19 , to urred at 13:10	LM, fro	m the causes of treet, city or town,	and on th		
	TION, 226. DATE THEREOF		22c. NAME OF CEMET Oak Hill			_	ATION (City, town,	T		(Stote)
23. FUNERAL DIRECTO		LON	ACON ING.	MD.		D 8Y REGIS	6 /	STRAR'S SIG	NATURE	



5-16-58

22c. NAME OF CEMETERY OR CREMATORY

Cumberland. Md.

**ADDRESS** 

Park Lawn Cemeterv

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY MARYT.AND AT.T.EGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERTAND d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES INO IN 108 PARK STREET 4. DATE Month Day Year DEATH GLETNER 1958 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? MARYTAND II.S.A 14. MOTHER'S MAIDEN NAME Lynn Weddle T. THINTE BRANGLE Address MR. JAMES GLETNER. CUMBERLAND, MD. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Marinhin, 195 8, 10 Ma 1950, that I last saw the deceased and that death accurred at 3:30 mm, from the causes and on the date stated above ADDRESS (Street, city or town, stote)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Rockville.

24o. REC'D BY REGISTRAR

(Stote)

the 0 VS A15 (4) 1SM 10/S7

Burial Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

James F. Scarpelli.

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VS A15 (4) 15M 10/57

DR.	LEY
UKA	L.C. T

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5196

**CERTIFICATE OF DEATH** 

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Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY ALLEGA	NY		MARY	LAND	2. USUAL RESID		ere deceased	l lived. If insti b. COUN	itution:	Residen LEG/	ANY	re admiss	ion)
b. CITY OR TOWN RURAL and give	(If outside corporate liminearest town)	ts, write	c. LENGTH OF STAY	IN 16				rate limits, writ	e RUR	AL and	give nea	rest town	)
	RLAND		6 DAYS		02 CUM	BERLA	ND					01	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	ive street	address)		d. STREET AL	DRESS						e. IS RES	IDENCE FARM?
MEMO	RIAL HOSPIT	11			2 EL	IZABE	TH						NO D
3. NAME OF DECEASED (Type or print)	OPA!		Middle V.		Lost HA	RE	4. DATE OF DEATH		Manth MAY	1	20	,	1958
5. SEX FEMALE	6. COLOR, OR BACE	7. MARR	NEVER MARRIE		B. DATE OF BIRTH	2 101	rit.	9. AGE (In yes		UNDER Aonths	1 YEAR Days	IF UNDE Hours	R 24 HRS. Min.
10a. USUAL OCCUPAT	ION (Give kind of work of ching life, even if retired Packed	ione 10M	FILITY BUTTER B	_		CE (State o	or foreign co				IZEN O		COUNTRY
13. FATHER'S NAME					14. MOTHER'S								
OMER WO	LFORD				BLAN	CHE H	AINES						
15. WAS DECEASED EN	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 11	NFORMANT			-	Address				
No			220-I0-89	36	MEMORIAL	HOSP	ITAL	MEMORI	AL	& W/	ARWI	CK A	VES.
581.0 Canditions, if gave rise to cause (a), statin lying cause last	g the under-		CONTRIBUTION TO DEA	THE DIST	NOT BELAVED TO							SET AND	
CATI	THER SIGNIFICANT CON									I IN PAR	1 1(0)	PERFO	RMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	). (Enter nature of	injury in P	art I or Part	II of item 18.)					
20c. TIME OF INJU Hour a. m p. m	. 10	While	NJURY OCCURRED Not while t of wark	20e. PLA fac	ACE OF INJURY (H tary, street, affice	ome, form, bldg., etc.	20f. (City	ar tawn)		(0	County)		(State)
21. I certify alive an	that haltended the	(e)			occurred at	2:30A	•M, from	the cause reet, city or to	s and	d on t	last so he da	te state	decease ed above ATE SIGNE
NAME (Type)	DR. L. LE		22c. NAME OF CEME	TERY OF	R CREMATORY	unh	22d. LOCAT	ION (City, tow	yp. or	cauntyl		(Slot	e)
Burial (Specif	5-22-58		Wesley C		le Cem.		Leve	ls W.V	a.				-1
James	Scarpell:	L C	umberland	, Md		24a. REC'E	MAY 2	8 158 24b. RI	EGISTR	AR'S SIC	CALL	eh	

Cartinia set	ATE OF DEATH		6116
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ToV.			
	William Co.	de any live de	SUD IN TERTANCE W. BOTH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: Affects are retained by the attending physician and campletely filled in by the funeral page 3 shauld be detached or use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

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D. CIVATE CONTRIBUTION  D. CIVOR TOWN (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, write RURAL and give nearest lown)  ENDAL and (if outside corporate limits, wr		519	7		IL OI DEATH		R	eg. Dist. N	No.
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d. NAME OF HOSPITAL (if not in hospitol, give street oddress)  MEMORIAL HOSPITAL  MAE  OF ITIT  MAE  OF DECRASED  First  OLLIE  MAE  MAE  HOTT  ORANN  MAY  OTOBER  HOT  ORANN  MAY  OTOBER  MAY  AGE (in years in Funder)  MAY  OTOBER  MAY  MAY  OTOBER  MAY  INMENDER  INTERVIEW INTERVEN INTERVEN INTERVEN INTERVEN INTERVEN  INTERVIEW INTERVEN INTERVEN  INTERVEN INTERVEN INTERVEN  INTERVEN INTERVEN  INTERVEN INTERVEN  INTERVEN  INTERVEN  INTERVEN	RURAL and give no	eorest town)						47	
DATE OF DEATH    Conditions, if ony, which could fell feller only one coule per line for (o), (b), and (c). The state of t	OR INSTITUTION		reet address)		/	ALLEGAN			e. IS RESIDENCE ON A FARM?
SEX G. COLOR OR RACE WHITE WIDOWED NEVER MARRIED B. DATE OF BIRTH OCT OF BIRTH OF WILDOWED NEVER MARRIED B. DATE OF BIRTH OF WILDOWED OF WORLD DIVORCED DIVORCED DIVORCED WITH DATE OF WORLD DIVORCED DIVORCED DIVORCED DIVORCED WITH DATE OF WORLD DIVORCED DIVORCE				iddle		OF		2	Day Yeor
COURTION (Give kind of work done)  HOUSEWIFE  PATHER'S NAME  DANIEL HOUDERSHELDT  WAS DECEASEDEVER IN U. S. ARMED FORCES?  IN THE PATHER'S MAIDEN NAME  UNKNOWEN  WAS DECEASEDEVER IN U. S. ARMED FORCES?  IN THE PATHER'S MAIDEN NAME  UNKNOWEN  WAS DECEASEDEVER IN U. S. ARMED FORCES?  IN THE PATHER'S MAIDEN NAME  UNKNOWEN  WAS DECEASEDEVER IN U. S. ARMED FORCES?  IN THE PATHER'S MAIDEN NAME  UNKNOWEN  WAS DECEASEDEVER IN U. S. ARMED FORCES?  IN THE PATHER'S MAIDEN NAME  UNKNOWEN  Address  CUMBERLAND, MD.  INTERVAL SETWERN  ONSEY/AND DEATH  MEMORIAL HOSPITAL  CUMBERLAND, MD.  INTERVAL SETWERN  ONSEY/AND DEATH  ONSEY/AND DEATH  SOLUTION  INTERVAL SETWERN  ONSEY/AND DEATH  ONSEY/AND DEATH  DUE TO  Lying coure lost.  (c)  PATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASEDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED?  YES DECEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY  PERFORMED.  10. COURS THE THE THE	5. SEX					9. AG	t birthdoy) M		AR IF UNDER 24 HRS.
DANIEL HOUDERSHELDT  Unknown  17. INFORMANT  MEMORIAL HOSPITAL  CUMBERLAND, MD.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH MAS CAUSED BY: IMMEDIATE CAUSE (e)  Unknown  ONSEJAND DEATH  PART I. DEATH MAS CAUSED BY: IMMEDIATE CAUSE (e)  Unknown  ONSEJAND DEATH  ONSEJAND  ONSEJAND DEATH  ONSEJAND  ONSEJAND	10a. USUAL OCCUPATION during most of work Houses	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINES	SS OR INDUS	HEADSVIL	LE, W. V			
WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MEMORIAL HOSPITAL CUMBERLAND, MD.  18. CAUSE OF DEATH [Enter only one couse per line for (s), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  (b) Conditions, if only, which gave rise to immediate couse (o), stoling the under: (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDY.  20c. ACCIDENT WAS UNDERSYNING (C)  20c. ACCIDENT WAS UNDERSYNING (C)  20c. ACCIDENT WAS UNDERSYNING (C)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (While of work) of work of others, street, office bldg. etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (While of work) of work of others, street, office bldg. etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (While of work) of work of others, street, office bldg. etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (While of work) of work of others, street, office bldg. etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (While of work) of work of others, street, office bldg. etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (While of work) of work of others, street, office bldg. etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (While of work) of work of others, street, office bldg. etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (While of the others) of the other and the date stated above of the other of t		1 HOUDEDOUELE							
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PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (b)  In 10 part II. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributing to Death but not related to the terminal disease condition given in Part I(a)  Part II. Other Significant Conditions Contributions Contribute Course of injury in Port I or Part II of item IB.)  Part II. Other Significant Conditions Contribute Course Condition (City or Iown)  Part II. Other Significant Conditions Contribute Course Condition (City Iown, or county)  Part II. Other Significant Conditions Contribute Course Condition (City Iown, or county)  Part II. Other Significant Conditions Contribute Course Condition (City Iown, or county)  Part II. Other Significant Condition Course Condition (City Iown, or county)  Part II. Other Significant Condition Course Condition (City Iown)  Part II.					EMORIAL HUSPI	IAL	COMPE		
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 19 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) 20f. (City or town) (County) (Stote) factory, street, office bldg. etc.) 21. I certify that I attended the deceased from 19 1, to 2 1, 19 2, that I last saw the deceased alive on 2 2 3, 19 , and that death occurred at 9:40P M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) DATE SIGNATURE PHYSICIAN'S NAME (Type) DR. THOMAS F. LUSBY (Stote) Headsville West Virginia SUNIAL, CREMATION, May 30, 1958 Beaver Run Cemetery Headsville West Virginia SUNIAL DIRECTOR'S SIGNATURE ADDRESS (SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE	gave rise to i cause (o), stoting	mmediate the under-	yperto	uŝi.	Cardio-	Vasc.	Deres	le (	/ > '
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21. I certify that I attended the deceased from		LI CAUSE OF DEATH I	DESCRIBE HOW INJUR	RY OCCURRED	. (Enter noture of injury in P	ort I or Part II of	item 1B.)		
alive on 5-27-58, 19 and that death occurred at 9:10P M, from the causes and on the date stated above address (Street, city or town, stote)  ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)  PHYSICIAN'S NAME (Type)  OR BURIAL, CREMATION, REMOVAL (Specify)  Burial May 30, 1958 Beaver Run Cemetery  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ACTUAL SIGNATURE ADDRESS  ACTUAL SIGNATION (City, town, or county)  PHYSICIAN'S NAME (Type)  ACTUAL SIGNATURE SIGNATURE  ADDRESS (Street, city or town, stote)  ADDRESS (Street, city	Hour a.m.	W	hile Not while	20e. PLA foct	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or to	wn)	(Count	(Stote)
NAME (Type) DN • THOMAS F • LOSD!  O. BURIAL, CREMATION, REMOVAL (Specify) Burial May 30, 1958 Beaver Run Cemetery Headsville West Virginia  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 24p_REGISTRAR'S SIGNATURE	actual	27-58,1		hat death	occurred at 9:40P	_M, from the	causes and	on the c	
REMOVAL (Specify) Burial May 30, 1958 Beaver Run Cemetery Headsville West Virginia FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE		DR. THOMAS F	. LUSBY	/	Cumbi.	rlan	A, M	d	/ /
240. REC D BY REGISTRAN S SIGNATURE	REMOVAL (Specify)								
I septe.	23. FUNERAL DIRECTOR	S SIGNATURE	V	ier W			245 REGISTRI	AR'S SIGNAT	TURE
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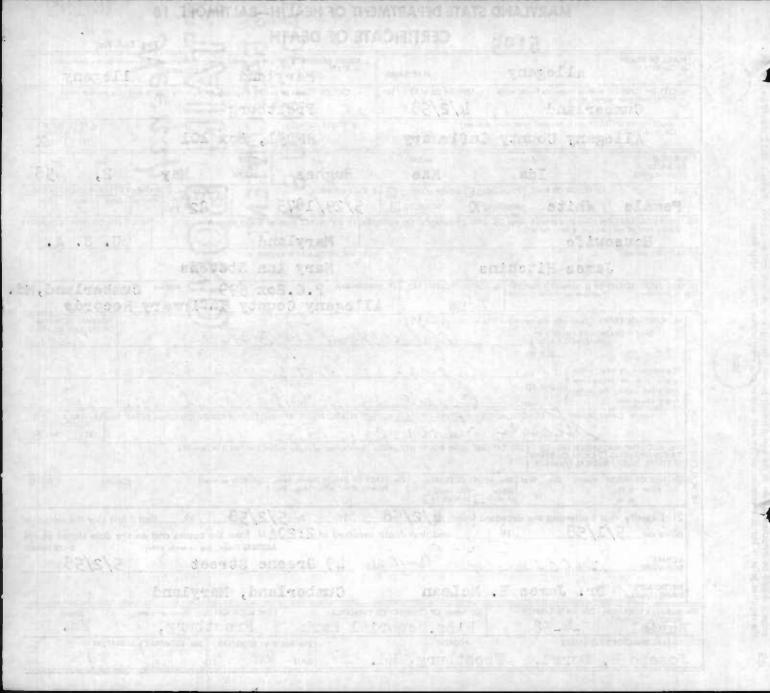
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Re	o. D	ist.	No.

	5198	CERTIFICA	ATE OF DEAT	H	Reg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W	here deceased live	I COUNTRY	idence before ad Allegar	
RURAL and give ne	erland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RURAL o	and give nearest t	own)
OR INSTITUTION	AL (If not in hospital, give street egany County	oddress) Infirmary	d. STREET ADDRESS RFD#	1, Box	101	01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	first <b>Ida</b>	Middle Ma e	Hughes	4. DATE OF DEATH	Manth May	Day 2,	Year 1958
5. SEX Female	White widow	440	B. DATE OF BIRTH 5/29/1875	lo	82 yrs. Mont	hs Days Hou	
House 13. FATHER'S NAME	LON TO ETAILE		ISTRY 11. BIRTHPLACE (Stote  Maryla  14. MOTHER'S MAIDEN I	nd	γ) 12.	U. S.	
15. WAS DECEASED EVER	Tames Hitchin R IN U. S. ARMED FORCES? If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT P.O.B			Cumber]	
Conditions, if or gave rise to in cause (a), stating t lying cause lost.	nmediate (	Chron	erary type	card erio.	iks ocleros	ONSET	NO DENTH
ZOG. ACCIDENT WAS	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	NOT RELATED TO THE TERM OF THE		NDITION GIVEN IN		AS AUTOPSY RFORMED?
20c. TIME OF INJURY Hour a. m. p. m.		_ Not while to	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n, 20f. (City or to	own)	(County)	(State)
21. I certify the alive an5/.  ACTUAL SIGNATURE	1/58 , 19	and that death	accurred at 2:20	AM, from the ADDRESS (Street, ne Street)	e causes and a city or lown, state)		
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Dr. James E.  N. 226. DATE THEREOF  5-4-58	22c. NAME OF CEMETERY O	Cumberl OR CREMATORY Pial Park	· 22d. LOCATION	(City, lown, or count burg,		itate)
23. FUNERAL DIRECTOR'S Joseph R	SIGNATURE	ADDRESS rostburg, Mo	24a. REC'	D BY REGISTRAR MAY 5 '5	24b. REGISTRAR'S	SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: At the last the last been signed by the attending physician and campletely filled in by the funeral transpage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fired with the registrar prior to burial, cremation, ar remaval, and in my event within 72 haurs after death. VS A15 (4) 15M 10/57



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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18-MEDICAL EXAMINER'S CERTIFICATE OF DEATH

9		
		05196
		OOTIO
Reg.	Dist.	No.

DECAMED PROPERTY OF THE PROPER	50/1		Re	g. Dist. No.
Lonaconing  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give sirest oddress)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give sirest oddress)  J. STREET ADDRESS  D. ADDRESS  D. STREET ADDRESS  D. S	o. COUNTY	O. STATE	- L COUNTY	
A. STREET ADDRESS   S. SENDIPUTED	b. CITY OR TOWN It outside corporate limits, write RURAL and give nearest town)	STAY IN 16 c. CITY OR TOWN (IF	autside corporate limits, write RURA	L and give nearest town)
NAME OF   First   Middle   Hutcheson   Lost   OPATH   May   9   19   58	Longconing 50	yrs. X Lonac	oning	
DECARSO DEATH TRAY OF THE STORY  TOPPO OF PINN  May  100. USUAL OCCUPATION [Give kind of work done life. Kind of Business or Industry life. Business or Industry life. Solida or foreign country)  110. USUAL OCCUPATION [Give kind of work done life. Kind of Business or Industry life. Business lif	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	d. STREET ADDRESS		ON A FARM?
Male   White   WIDOWED   DIVORCED   Nov. 12, 1907   Topothory yr.   Months   Doys   Mours   Min.    100. USUAL OCCUPATION (Give kind of work done   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHFLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME   Second of working life, even if refired   12. Second   12. CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME   Bessie Devault   14. MOTHER'S MAIDEN NAME   Bessie Devault   15. WAS DECEASED EVER IN U. S. ARMED PORCES?   10. SOCIAL SECURITY NO.   17. INFORMANT   18. MOTHER'S MAIDEN NAME   Bessie Devault   18. Address	DECEASED		OF	0 60
Section   Sect	Mole   white		1007 los Linchedoy) Man	
Hohm Hutcheson  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  216-05-2915 Bessie Cook, Lonaconing, Marylan  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (e)]  19. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (e)]  10. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (e)]  10. FART II. DEATH WAS CAUSED BY.  10. COPONARY OCCURRED (e)  10. COPONARY SCIENCES (e)  10. COPONARY OCCURRED (e), stoling the underlying out is to immediate couse (e), stoling the underlying out is to immediate couse (e), stoling the underlying out is to immediate couse (e), stoling the underlying out is to immediate couse (e), stoling the underlying out is to immediate couse (e), stoling the underlying of the underlying out is to immediate couse (e), stoling the underlying of the underlying out is to immediate couse (e), stoling the underlying out is to immediate couse (e), stoling the underlying of the underlying out is to immediate couse (e), stoling the underlying out is to immediate couse (e), stoling the underlying out is to immediate couse (e), stoling the underlying out is to immediate couse (e), stoling the underlying out of the underlying out is to immediate couse (e), stoling the underlying out of the underlying out of the underlying of the underlying of the underlying of the underlying out of the underlying	during most of working life, even if retired)		or foreign country) 12	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 216-05-2915 Bessie Cook, Longoning, Marylan 216-05-2915 Bessie Cook, Longoning, Marylan 216-05-2915 Bessie Cook, Longoning, Marylan 216. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).]  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).]  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).]  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).]  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).]  19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).]  19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).]  19. CAUSE (MAS)  10. COPONARY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  200. EXTERNAL CAUSE WAS PERFORMED? (Enter noture of injury in Port I or Port II of item 18.)  200. EXTERNAL CAUSE WAS PERFORMED? (Enter noture of injury in Port I or Port II of item 18.)  200. CAUSE OF DEATH.  200. THIS OF INJURY Month, Day, Year (20d. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  200. CHARCE OF INJURY Month, Day, Year (20d. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  200. CHARCE OF INJURY Month, Day, Year (20d. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  200. CHARCE OF INJURY Month, Day, Year (20d. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  200. CHARCE OF INJURY Month, Day, Year (20d. INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)  200. CHARCE OF INJURY Month, Day, Year (20d. INJURY OCCURRED (20d. PLACE OF INJURY (Home, form.) (20d. (City or Iown) (County) (Slote) of work in order of injury in Port I or Port II of item 18.)  200. CHARCE OF INJURY Month, Day, Year (20d. INJURY OCCURRED (20d. PLACE OF INJURY (Home, form.) (20d. (City or Iown) (County) (County) (Slote) or work in Industry of Injury (20d. (City or Iown) (County) (County) (Co	13. FATHER'S NAME	14. MOTHER'S MAIDEN N	IAME	
Ill Tax, give was exclosed is serviced   216-05-29  5 Bessie Cook, Lonaconing, Marylan	Hohn Hutcheson	Bess	le DeVault	
PART I. DEATH WAS CAUSE BY:    HAMEDIATE CAUSE (a)	[Yes, no, er unknown]   [If yes, give war or dates of service]			, Marylan
TART I. DEATH WAS CAUSE (a)  UE TO  Condition, if on, which gove rise to immediate couse (b), stoling the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO PREMARY OF CONTRIBUTING 200. EXTERNAL CAUSE WAS PREMARY OF CONTRIBUTING 200. EXTERNAL CAUSE WAS PREMARY OF CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port It of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter noture of injury in Part 1 or Port It of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED with a law ork of work of w	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (	:).}		INTERVAL BETWEEN
DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS CONTRIBUTING 10 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port It of item 18.)  20c. TIME OF INJURY Month, Day, Year While of work o	PART I. DEATH WAS CAUSED BY: Coronary	Occlusion		2 2
DUE TO (c), stoing the underlying (couse in the part to the terminal disease condition given in part 1 (o) 19. Was autorpsy (solid) 19. Was autorpsy (couse) 19. Was autorpsy (solid) 19. Was autorps	111001			
DUE TO (c), stoing the underlying (couse in the terminal disease condition given in Part 1 (o) 19. Was autorpsy (Education to Franchistics (c), stoing the underlying (couse in Part 1 (o) 19. Was autorpsy (couse		v Sclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PES  NO  PES  NO  PES  NO  PES  NO  PES  NO  PES  NO  NO  PES  NO  PES  NO  NO  NO  PES  NO  NO  NO  PES  NO  NO  NO  PES  NO  NO  NO  NO  PES  NO  NO  NO  NO  NO  NO  NO  NO  NO  N		Francisco de la constitución de		
PERFORMED? YES  NO  200. EXTERNAL CAUSE WAS PERMARY   ar CONTRIBUTING    200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part L or Port It of item 18.)  200. TIME OF INJURY   Month, Day, Year   Month, Day, Year   Month, Day, Year   Year   Month    200. TIME OF INJURY   Month, Day, Year   Year   And the part    200. TIME OF INJURY   Month, Day, Year   Year   And the part    201. I certify that I took charge of the remains described above, held an Autapsy   Inspection   Inquiry   And in my opinion death resulted from: Natural causes   Accident   Suicide   Hamicide   Undetermined manner    21. I certify that I took charge of the remains described above, held an Autapsy   Inspection   Inquiry   And in my opinion death resulted from: Natural causes   Accident   Suicide   Hamicide   Undetermined manner    22. I sentify that I took charge of the remains described above, held an Autapsy   Inspection   Inquiry   And in my opinion death resulted from: Natural causes   Accident   Suicide   Hamicide   Undetermined manner    22. Examiner's   Benedict   Skitarelic,   M.D.   Deputy Medical examiner   Deputy Medical examiner   Nay 9, 1958    22. BURIAL (REMATION, 1908)   Stote   Address   Stote   Address   Stote   Address   Stote   Address   Stote   St	Annual Land			
20c. TIME OF INJURY Hour o. m. Hour o. m. 19 20d. INJURY OCCURRED While of work of loctory, street, office bldg., etc.]  21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .  ACTUAL SIGNATURE Benedict Spitarelic . M.D. CHIEF MEDICAL EXAMINER .  EXAMINER'S Benedict Skitarelic , M.D. DEPUTY MEDICAL EXAMINER . MAY 9, 1958  220. BURIAL CREMATION. 22b. DATE THEREOF . SIGNATURE . DEPUTY MEDICAL EXAMINER . MAY 9, 1958  221. BURIAL CREMATION. 22b. DATE THEREOF . SIGNATURE . DATE SIGNATURE . D	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMI	nal disease condition given in	PERFORMED?
21. I certify that I took charge of the remains described above, held an Autapsy, Inspection; Inquiry, and in my opinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner ACTUAL	200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	CCURRED. (Enter noture of injury in Part	1 or Port It of item 18.)	
opinion death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE Benedict Spitarelic , M.D. CHIEF MEDICAL EXAMINER   EXAMINER'S Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER   May 9,1958  220. BURIAL CREMATION. 22b. Date THEREOF	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRE While Not while of work 19 at work 19		20f. (City or town)	(County) (State)
ACTUAL SIGNATURE Benedict Spitarelic M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MAY 9,1958  EXAMINER'S Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER MAY 9,1958  220. BURIAL CREMATION. 22b. DATE THEREOF SCIENCE OF CHEMETERY OF CREMATORY LOCATION (City, town, or county)  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OF CREMATORY  BURIAL CREMATION. 22b. DATE THEREOF OAK HILL CEMETERY OAK	21. I certify that I took charge of the remains desc	ibed above, held an Autaps	, Inspection , In	quiry [X], and in my
ACTUAL SIGNATURE Benedict Spettarelic M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MAY 9,1958  EXAMINER'S Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER MAY 9,1958  220. BURIAL CREMATION. 22b. DATE THEREOF SMOVEL (Specify) 5/11/58 DAK Hill Cemetery or CREMATORY Longoning Md.  233. FURRAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	opinion death resulted fram: Natural causes X,	Accident , Suicide , H	Hamicide , Undetermin	ed manner
EXAMINER'S Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER May 9,1958  220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 5/11/58  22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Slote) Md.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  COMPAGE Fighborn Long On in S. M.D. DEPUTY MEDICAL EXAMINER MAY 9,1958  24d. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	ACTUAL Benedict Skitarel	M.D. CHIEF MEDICAL EX		
REMOVAL (Specify)  Burial  5/11/58  Oak Hill Cemetery  Lonaconing  Md.  240. REC'D 87 REGISTRAR'S SIGNATURE  Control Fighborn  Lonacon in S. Md.	EXAMINER'S Benedict Skitarelic,	NT D	Morr	9,1958
George Fighhern Longoning Mde	PEMOVAL (Specify)			
		no. Md.	0 /	'S SIGNATURE

4 Color of the Color O TORNOL 20050 SLAFER PRODUCT All alleren and other press and a little and a TEMPOROL MANUTERIAL FIFE 

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Market Market

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	5	.99	MARYLAN	11 0	SUAL RESIDENCE	(Where decea	sed lived. If instituti	on: Residenc	e before adm	nission)
ALLEG	ANY f outside corporate limi	taita I			MARYT	A SA LANG		ALLEG	ANY	
RURAL and give no		is, write	c. LENGTH OF STAY IN				porole limils, write R		44	wn)
CUMBERI	LAND			X.	BOWLING	GREEN.	CUMBERLAN	D Rt	. # 6	
OR INSTITUTION	AL (If not in hospital, g	ive street od	idress)	1/9	. STREET ADDRES					RESIDENCE I A FARM?
	RED HEART H	OSPITA	AI		417	Bowline	AVe.		YES	□ NO 🔯
3. NAME OF DECEASED (Type or print)	Fir		Middle Leander	VAT	Lost	4. DATE OF DEAT	М		Day	Yeor
5. SEX			NEVER MARRIED	B. DA	BAUGH E OF BIRTH	70	9. AGE (In years	IF UNDER	YEAR IF UN	
MALE	WHITTE	WIDOWED	DIVORCED	0	T.lst,1	Ron	lost birthday)	Months	Days Hour	rs Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	one 10b. KI	IND OF BUSINESS OR IN	DUSTRY	1. BIRTHPLACE (S	tote or foreign	country)	12. CITI	ZEN OF WH	AT COUNTRY?
Boiler Fin	king life, even if retired		& O. Rwy.		Hanover.	Penna	5° A		TT 0 4	
13. FATHER'S NAME					MOTHER'S MAID				U.S.A	
n	ANIEL KALB	ATTOTT								
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO. 1	7. INFORM	AANT LAURA	HINKL	E Add	ress		
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)		Mnc	Lillie :	Kal have			h1	1 1/1
	ATH [Enler only one co	use per line	fac (a) (b) (c) )	m S.	LITILG.	nathani	II ILLO II	O CUIII		d. Md.
	TH WAS CAUSED BY:	Pullm	onary Conge	etion	and Ede	ms			ONSET AN	ND DEATH
420.1	IMMEDIATE CAUSE (o	ran	onary conge	20101	and Ede	ind .			Few h	lours
	DUE TO									
Conditions, if o	mmediate		rioscleroti						-	
couse (o), stoting	the under-		with cardio	_				5	Years	
Z lying couse lost.	) (c		al Cirrhosi						16 mor	iths plu
САТ		DITIONS <u>CO</u>	NTRIBUTING TO DEATH	BUINOTI	RELATED TO THE TE	RMINAL DISE	ASE CONDITION GIV	EN IN PART	PERI	FORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	18E HOW INJURY OCCU	RRED. (Ent	er noture of injury	in Port I or P	ort II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yeo	While	URY OCCURRED 20e Not while of work	PLACE O factory, s	F INJURY (Home, treet, office bldg.,	form, 20f. (C etc.)	ity or town)	(Co	ounty)	(Stole)
21. I certify th	at I attended the	deceased	from April	22.	1958 toN	lay 5.	1058	that I I	ast some th	o docoosed
			, and that de							
dive dil			, did illa de	am acce	med dimensi		(Street, city or town,			DATE SIGNED
ACTUAL	JAAA ST	440	0		also		HITAL	Q 1	1.01	5/4/-
SIGNATURE	1		The same	M.D.	20	233000	170			1/2/30
PHYSICIAN'S NAME (Type)	yand F. Do	erner,	Jr., M.D.		Algonqui	in Hote	1, Cumber	land,	Maryla	and .
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	N, 226. DATE THEREO	F	22c. NAME OF CEMETER Zion Memor:				ATION (City, town, o			tote)
23. FUNERAL DIRECTOR			ADDRESS	rat n		EC'D BY REGI	strar 246 REGIS	STRAR'S SIG		
H. Wayne	George Cum	berla:	nd. Md.		10000		01.	_ /		
			7		I OATE	9 '58	whe	such		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: A his sertificate has been signed by the attending physician and completely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, ar remayal, and jer any event within 72 haurs after death. VS A15 (4) 1SM 10/57

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THE COURSE ELECTRICAL STREET, STR entificial light and sen Aday a reported linear in 11 12 transferred the file became purity of Rafe and the party of the same THE SECOND IN LONG SEP, SAN, J. D. S. T. W. SANDER SHEET, AMBRICAN SANDERS The course of the control of the con 5233 CERTIFICATE OF DEATH

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	34	33	.KIIIIC	AIL OI	DEATH			Reg. Di	st. No.	-100
1. PLACE OF DEATH o. COUNTY	legany		MARYLAND		Maryla:		ed. If institution b. COUNTY		ce before od	
b. CITY OR TOWN RURAL and give to	(If outside corporate limits, wr negrest town) COURS	c. LENGTH OI	F STAY IN 16	c. CITY OF	Gilmo:		limils, write R	URAL and	give nearest	town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give st iners Hospit	reet oddress)		d. STREET	ADDRESS				0	RESIDENCE
3. NAME OF DECEASED (Type or print)	william		Middle	, , , , , , , , , , , , , , , , , , , ,	LLER 4.	DATE OF DEATH	Mon	th 7 cy	Doy 12	Year 1958
5. SEX Male	6. COLOR OR RACE 7. A			8. DATE OF BIR			AGE (In years pirthday) yrs.	Months	Days Ho	INDER 24 HRS.
10a. USUAL OCCUPATI during most of wo	ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSIN	NESS OR INDU		PLACE (Stole or looning		yland	12. CI	U.S.	HAT COUNTR
13. FATHER'S NAME				14. MOTHER	'S MAIDEN NAM					
	Henry Kelle				Cora	Schaf	fer	1157		
15. WAS DECEASED EV {Yes, no or unknown}	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURI		Mrs. W	illiam	Kell	.er (	 Gilm	ore,	Md.
	ATH [Enter only one cause p	er line for (a), (b), a	nd (c).] -	11	Wife"				INTERVA	L BETWEEN
1192 ¥	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(Inen	mour	ter					6	day
4100	DUE TO									
Conditions, if gave rise to couse (a), stating lying cause lost	immediate DUE TO									
PART II. OT	HER SIGNIFICANT CONDITION		TO DEATH BUT	NOT RELATED 1	O THE TERMINA	L DISEASE C	ONDITION GIV	EN IN PAR	PE	AS AUTOPSY REFORMED?
-	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER	DESCRIBE HOW INJ	IURY OCCURRE	D. (Enter noture	of injury in Port	I or Port II	of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	W	od. INJURY OCCURR hile Not while work at work		ACE OF INJURY	(Home, farm, ice bldg., etc.)	20f. (City or	town)		County)	(State)
21. I certify t	hat I attended the dec	eased from	1A46	, 19.5	F. to MA	14/2	19.52	that I	last saw t	he deceas
alive on		95K_, and								
ACTUAL SIGNATURE	hundiamo	That Ein	,0	M.D. 48	ADI	P D CU	, city or town,	state)		DATE SIGN
PHYSICIAN'S NAME (Type)	PARTIN MIRO	THSTEIN	1-1-10	FR	OSTBU	RG -	(10.			till delt dess dess von den sijk som som so
220. BURIAL, CREMATION	ON, 22b. DATE THEREOF	_	F CEMETERY O	R CREMATORY	22	d. LOCATION	N (City, town, o	or county)	(	(Stote)
Rurial	5/14/58	Vale	Summi	t Ceme	tery	Vale			Md	
23. FUNERAL DIRECTOR		ADDRESS	-	250	24a. REC'D 8	Y REGISTRA	246. REGIS	STRAR'S SI	GNATURE	
George I	Eichhorn	Lonaco	u Tug,	Md	DATE		- Cu	in ed	uch	

PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. d in by the funeral and 2 shauld be the attending physician and campletely filled in Then please remove carbon papers. Pages 1 and event within 72 hours after death. pospital or attending physicion.

this certificate has been signed by the attending physicion use as the burial-transit permit. Then please remove the cematian, ar remayal, and in any event within 72 hours TO HOSPITAL OR ATTENDING PHYSICI, may be retained by the hospital or after TO FUNERAL DIRECTOR: A the this certify page 3 shauld be detached for use as the registrar prior to burial, cremation, VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5234 **CERTIFICATE OF DEATH** 

05199 Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY	ONT		MARY	LAND 2.	USUAL RESIDENCE (W		ed lived. If institut b. COUNT	w		Imission)
	b. CITY OR TOWN (If outside	IN 1b	Maryland 6. COUNT Allegany  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
	RURAL ond give neorest t Frostburg			5 wks.	2	2 Frostbu			111		
	d. NAME OF HOSPITAL (IF	nat in hospital, gi	ve street o	oddress)		d. STREET ADDRESS					RESIDENCE N A FARM?
1	Miners Ho	spital			/	lo Blai	ir St	reet			NO D
	3. NAME OF DECEASED	Firs		Middle		Lost	4. DATE OF	Мо	nth	Day	Year
	(Type or print) S. SEX 6. CC	FLOREN	- wheeling	ELIZABE		LANGAN	DEATH		5	23	1958
	F 8. CC	W WACE	WIDOWE	IED NEVER MARRI		ATE OF BIRTH 0-21-1870	0	9. AGE (In years lost birthdoy) 87 yrs	Manths	Doys Ho	7
	10a. USUAL OCCUPATION (Gir during most of working life	re kind of wark d	one 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stote	e or foreign o	country)	12. CITI	ZEN OF W	HAT COUNTRY?
	Housework	, 0.0, 11 1011100)	Ow	n Home		New York	k Cit;	y		U.	S.A.
P 1	3. FATHER'S NAME		100		1	4. MOTHER'S MAIDEN	NAME				
	John Bishop					Unknown					
	1S. WAS DECEASED EVER IN U (Yes, no, or unknown) (It yes, g	S. ARMED FORCE ive wor or dates of se	ES? 16. 5	SOCIAL SECURITY NO	. 17. INFO	RMANT		Ade	dress		
	No	No		None	Mich	ael Manle	ey, 10	Blair	St.,F	rost	burg, Mc
	18. CAUSE OF DEATH (E PART I. DEATH WA IMME 33/ Conditions, if ony, wh gove rise to immedi	S CAUSED BY: DIATE CAUSE (a) DUE TO sich (b).	6	rekial	Her	rosskag	il-/r	4 Jeni	plane		L BETWEEN NO DEATH
	lying cause last.	der- DUE TO									
	PART II. OTHER SIG		ITIONS C	ONTRIBUTING TO DEA	ATH BUT NO	RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GI	VEN IN PART	1(a) 19. W	AS AUTOPSY
)	PART II. OTHER SIG									PE	REORMED?
	200. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	ERLYING  USE OF DEATH AL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (E	nter nature of injury in	Part I ar Pa	rt II of item 18.)			
	20c. TIME OF INJURY Mo Haur a. m. p. m.	nth, Doy, Yea	20d. IN While at work	Not while at work	20e. PLACE factory	OF INJURY (Home, far , street, affice bldg., et	m, 20f. (Cit	y ar town)	(C	aunty)	(Stote)
		on the desired the	195	71 (///	M.D.		ADDRESS (S	m the causes offer city or town,	and on th	e date s	he deceased lated abave. DATE SIGNED
	Burial 5	/26/58	S	t. Micha	el's	Cemetery	Fro	stburg.	Md.		
	23. FUNERAL DIRECTOR'S SIGN	Tuar		unerial H	ome	M	AY 2 8		ISTRAR'S SIG	NATURE	

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# FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, ple execute the certificate, wifigg the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. R. 4 should be forwarded the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Head or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs ofter death. I

VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05200 Reg. Dist. No.

	1. 7	LACE OF DEATH	041	4			2. USUAL RESI	ENCE (	Where deceos	ed lived. If instit	tution: Resider	nce befo	ore odmi	ssion)
	C	. COUNTY	legany		MARYLA	IND	o. STATE	larv	land	b. COUN	TY Alle	gan	v	
	b	. CITY OR TOWN (Ho		· RURAL	c. LENGTH OF STAY IN	116				porate limits, writ		1.2	4	wn)
/		Mile Lane	Road				X	14-	Savara					
	d	NAME OF HOSPITA	L OR INSTITUTION (	If not in hos	pitat, give street address)		d. STREET AL		Savage					ESIDENCE
		1½ Mile W	est of Wel	1ersb	urg		New New	Row						A FARM?
	- [	NAME OF DECEASED	Fir	-	Middle		Lost		4. DATE OF	Mon	th	Doy	Y	eor
		Type or print)	Eenjamir						DEATH	May	22,		-	9 58
	<b>5.</b> S	EX			D NEVER MARRIED					9. AGE (In years last birthday)	Months C	YEAR Days	Hours	Min.
		Male Male	White	WIDOWE	DIVORCED [		Mar. 29	, 18	89	69 yrs.		Joys	riours	MIII.
	10a.	USUAL OCCUPATION	N (Give kind of work life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLA	CE (Slote	or foreign c	country)	12. CITIZ	EN OF	WHAT	COUNTRY?
		etired loi			Railroad		Arte	mas.	Pa.		U.	S.		
	13.	FATHER'S NAME					14. MOTHER'S A				1 - 5 - 1			
		Robert La	shley				Dor	cas	Robine	tte				
		WAS DECEASED EVEL	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	ORMANT			Addres	8			
		No				Mi	ss. Mar	y D.	Lash]	Ley M	t. Sava	age,	Md.	
		18. CAUSE OF DEATH	H [Enter only one car	use per line	for (o), (b), and (c). ]							INTERV	AL BETWE	EN
		PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Gastric Hemorrhage Sudden												
		540.0	DUE TO		44001 20 1		22 2 1140							
3		Double Wilson												
		gove rise to immediate couse												
		(o), stoting the un	nderlying (c											
	Z				ONTRIBUTING TO DEATH	BUT NO	T RELATED TO T	HE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	1(0) 19	. WAS	AUTOPSY
2	CERTIFICATION												PERFO	RMED?
	IFIC	20a. EXTERNAL CAUS	SE WAS 20	b. DESCRIBI	HOW INJURY OCCURRE	ED. (Ent	er noture of inju	ry in Por	rt I or Port II	of item 18.)		1.	LIEP	110 🚨
		PRIMARY OF CON' CAUSE OF DEATH.	TRIBUTING []											
	MEDICAL	20c. TIME OF INJURY	Month, Day, Ye			PLACE	OF INJURY (H	me, forn	m. 20f. (City	or town)	(Cour	nty)		(State)
	MED	Hour o. m. p. m.	19	While of wo	Not while of work	roctor	y, street, office b	Hag., erc	)					
		21. I certify the	at I took charge	of the r	remains described	obove	e, held on a	Autops	y 3, Ir	nspection X	. Inquiry	/ [X]	an	d in my
				/	Zuses Accide					. Undet		-		
		0		, (/			,	L',			ermined m	diffici		
		ACTUAL /	midich	-Xb.	tarely)	,	M.D. CHIEF ME	DICAL E	XAMINER []				DATE S	IGNED
		SIGNATURE	MULLINI.	gni	wound		M.D.		AL EXAMINE	R				
		EXAMINER'S NAME (Type) B	enedict S	Skita	relic, M.I	).			EXAMINER [		у 22,	19	58	
	220	BURIAL, CREMATION REMOVAL (Specify)	. 22b. DATE THEREC	OF	22c. NAME OF CEMETER	YORC	REMATORY		22d. LOCA	TION (City, Iown,	or county)		(Stote	)
		Burial	May 25,	1958	Methodist	Cem	etery		Mt	Savage	. Md.			-
	23.	FUNERAL DIRECTOR'S			ADDRESS				D BY REGIST	RAR 24b REG	ISTRAR'S SIGI	NATUR		
		Joseph H.	Durst	Frost	burg, Md.	1.,		DATE	MAY 2 6	'58 Ul	theon	rek		

MADICAL EXAMINERS I EXTENDED DECIMANICALE DECIMANICALE the factor of the same special and a property from The the country of the state of Market State of the Company of the C OUSTINE DESCRIPTION

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Section 10 March 1970 Section 1970

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2	4	3	CERTIFICATE	OF	DEATI	H
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	40				Keg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Allegany		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUN			
b. CITY OR TOWN (If outside corporet BURAL and give nearest town)	e timits, write	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF o	outside corporate limits, write	RURAL ond give	nearest town)	
d. NAME OF HOSPITAL (If not in hosping or INSTITUTION Latrobe St.	ital, give street (	oddress)	d. STREET ADDRESS Latrobe			e. IS RESIDEN ON A FAR YES NO	RM?
3. NAME OF DECEASED (Type or print) John	First	Delzell Le	ogsdon	4. DATE MAY	onth	Doy Yeor 9 195	
S. SEX 6. COLOR OR R Male White	ACE 7. MARR	D DIVORCED	B. DATE OF BIRTH  June 11, 18	9. AGE (In yeo lost bighdoy 58 y	rs IF UNDER 1 Y Months Do	EAR IF UNDER 24	4 HRS. Min.
100. USUAL OCCUPATION (Give kind of during most of working life, even if reaction that the country of the count		S. Gov t	Barton,		U.S.	N OF WHAT COL	UNTRY
3. FATHER'S NAME William Logsdon			Mary Ann				
15. WAS DECEASED EVER IN U. S. ARMEE (Yes. no. or unknown) (If yes, give wor or do			rs. John D. L	ogsdon-Barton	ddress Md.		
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	(b) UE TO (c)	CONUMENT A	rterial Di		SIVENI INI PARTI II	13 1700	OPSY
PART II. OTHER SIGNIFICANT  20d. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING II CAUSE OF DI U (IF EITHER, NOTIFY MEDICAL EXAMI	20b. DESC	CRIBE HOW INJURY OCCURRE				PERFORME YES NO	D?
20c. TIME OF INJURY Month, Day Hour o. m. p. m.	, Yeor 20d. In While of worl	Not while fo	ACE OF INJURY (Home, fornectory, street, office bldg., etc		(Соч	nty) (	(Stote)
21. 1 certify that I attended the deceased fram May 9, 1958, to May 9, 1958, that I localive on Noy 9, 1958, and that death accurred at 3:30 p.M., fram the causes and an the ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE Product William M.D.  Predment Wilson							
PHYSICIAN'S Paul 220. BURIAL, CREMATION, 22b. DATE TH	R. W	1500 M. S 22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town	n, or county)	(State)	
REPROYAL ESPecify) 5/12/	58	Laurel Hill		Moscow		Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	W	ADDRESS esternport, Md		D BY REGISTRAR 245 RE	GISTRAR'S SIGN	/	

ctor, d with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: A think certificate has been signed by the attending physician and completely filled in by the funerapage 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar priar to burial, crematian, ar removal, and in any event within 72 hours after death. VS A15 (4) 1SM 9/5S

Page 4

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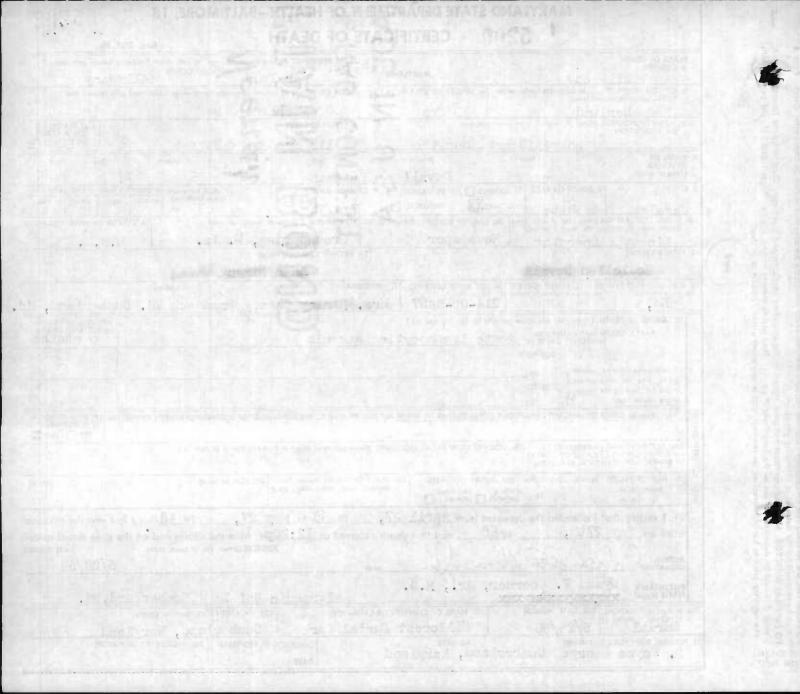
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VS A15 (4) 15M 10/57

ĄRY	LAND	STATE	DEPARTME	NT OF	HEALTH-BALTIMORE,	18
\$	Kont	7	CEDTIEIC AT	TE OF	DEATH	

05202

3400	CERTIFICA	AIL OF DEATH		Reg. Dis	t. No.							
1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe			e before admission)							
o. COUNTY Allegany	MARYLAND	g. STATE Marvl	and b. co	·Alle	gany							
b. CITY OR TOWN (If outside corporate limits, write   c	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou										
RURAL ond give nearest town) Cumberland	30davs	02 Cumberl	and									
d. NAME OF HOSPITAL (If not in haspital, give street add		d. STREET ADDRESS	4114		e. IS RESIDENCE							
or institution Sacred Heart	Hospital	115 Fred	lerick Stre	et	ON A FARM? YES NO T							
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day Yeor							
(Type or print) Mary	Duva11	Luteman	DEATH 5	27	19 58							
5. SEX 6. COLOR OR RACE 7. MARRIED	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birt		YEAR IF UNDER 24 HRS.							
Female White WIDOWED		7/1/94	63	yrs.	Doys Hours Min.							
<ol> <li>USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)</li> </ol>	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or fareign country)	12. CITI	ZEN OF WHAT COUNTRY							
	wspaper	Greensprin	ng. W. Va.	T	J.S.A.							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		,	7.0044							
McClellan Duvall		Anna	Nixon	100								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. II	NFORMANT		Address								
[Yes, no. or unknown] [If yes, give war or dates of service]	4-05-6457 M	rs. Harley Cha	aney Braddo	ck Rd. C	umberland, M							
18. CAUSE OF DEATH [Enter only one couse per line	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DEATH											
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute	e Lymphocytic	Leukemia			6 months							
204.3 DUE TO												
Conditions, if ony, which )												
gove rise to immediate												
lying some lest												
, (c)	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION	ON GIVEN IN PART	1/01/19 WAS AUTOPSY							
OI A		THE TERMINA	THE DISEASE CONDING	SIA OIAFIA IIA I AKI	PERFORMED?							
200 ACCIDENT WAS HINDERIVING TO 200 DESCRI	DE HOW INTITION OCCUPRE	D. (Enter noture of injury in Po	and I are Post II of Stam	101	YES NO M							
OR CONTRIBUTING LI CAUSE OF DEATH	BE HOW INJURY OCCURRED	J. (Enter noture of injury in Po	ort I or Fort II or Hem	16.)								
		ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or town)	(Ce	ounty) (Stote)							
Hour a.m. p. m. 19 While of work	_ I 401 WHITE	nory, street, ornice blog., etc.)										
21. I certify that I attended the deceased	6 April 27	10 58 - Mar	37 27	0 584								
			¥	Y2U, that I lo	ast saw the decease							
alive an May 27th, 1958	, and that death	accurred at 12:20										
ACTUAL ON AGENTA		100 A	DDRESS (Street, city or	town, stote)	DATE SIGNE							
SIGNATURE Myong & Work	new	M.D			5/28/58							
PHYSICIAN'S Ayand F. Doerner,	Jr., M.D.	Algonouir	Hotel	Cumberlar	nd .Md .							
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City,		(Stote)							
REMOVAL (Specify) 5/29/58	Hillcrest B		Cumberlar		1000							
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIG	NATURE							
	ind, Maryland		DI REGISTRAR	, REGISTRAR 3 310	- A							
	•	DATE	2 9 158	decl .	c.la							



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the registror

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foris Stein Inc. Cumbaland, Wd.

			200	CERTIF	'ICA	TE OF DEATH			Reg. Di	st. No.		0 12
	PLACE OF DEATH a. COUNTY ALLEGAN	Y		MARYL	AND	2. USUAL RESIDENCE (Who a. STATE Maryland	ere decease	d lived. If institution b. COUNTY	Alle		odmissio	on)
	b. CITY OR TOWN (If RURAL and give new Cumberl	arest town)	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If or		rate limits, write R	URAL ond	give near	est town)	
	d. NAME OF HOSPITA			oddress)		d. STREET ADDRESS  200 Lains				e	IS RESII	FARM?
	NAME OF DECEASED (Type or print)	Fir Grace	-	- Middle	Mo	tost Cusker	4. DATE OF DEATH	Man May	th:	Day	Ye	eor 958
	sex Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED	_	3/26/00		9. AGE (In years lost birthday) 58 yrs.	IF UNDER Months		-	
100	during most of worki Housewife	ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stole of Wave.	or foreign c	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY?
13.	FATHER'S NAME Samuel F	riend (de	cease	ed)		Mary J. Eng		deceased	)	1		
IS.  Ye		IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.		t"s chart		Addi	ess			
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Ty, which (b) Immediate (CAUSED BY:  TO DUE TO	)	e for (o), (b), and (c).] Subara Hypsert Arteri	e o	Lucil L isessi selerose	Jaor 2	norh	+ge		T AND I	
FICATION	2 7 1					NOT RELATED TO THE TERMIN			EN IN PAR		WAS APERFOR	MED?
AL CERT		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)										
MEDIC	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yea	While at wor	Not while	faci	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City	or town)	(0	County)		(State)
	ACTUAL SIGNATURE	lends  E.Durrett,	decease, 19_9	Surrett		- " 11. 1	M, from	n the couses of treet, city or town,	nd on the	last sav	stoted	deceased d above TE SIGNED
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO		22c. NAME OF CEMET		CREMATORY	22d. LOCA	TION (City, town, o	or county)	LT 0	(Stote)	)
3.	FUNERAL DIRECTOR'S		. ,	ADDRESS				PAR 245 PECIS		SMATURE	, , ,	4.

DATEAY

8 '58

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. may be retained by the hazzital or attending physician.

TO FUNERAL DIRECTOR:

This certificate has been signed by the attending physician and campletely filled in by the funerapage 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the registrar prior to burials cremation, ar remaval, and in any event within 72 haurs offer death. VS A1S (4) 1SM 10/S7

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 THE PROPERTY OF DEATH CERTIFICATE OF DEATH R.

1. PLACE OF DEATH  o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (WE	here deceased lived. If institution b. COUNTY	Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Westernport	c. LENGTH OF STAY IN 16		outside corporate limits, write Ri	
d. NAME OF HOSPITAL (If not in hospital, give stree or institution Stoney run road		d. STREET ADDRESS Stoney run		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Jeannie	Middle Macl	lost Donald	4. DATE Mon OF DEATH MAY	th Day Year 6 19 58
Daw - 1 - 50 - 12 -	RRIED NEVER MARRIED DIVORCED DIVORCED	9. DATE OF BIRTH  Jan. 11884	9. AGE (In years lost birthday) 74 yrs.	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 100 during most of working life, even if refired)	Own Home	Scotland	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	a.
William Murray		Emily Sn	mart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Ver, no. or unknown)	S. SOCIAL SECURITY NO. 17.	INFORMANT	Adde	ess
no		John MacDonald	i-Westernport,	Md.
Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT			EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.
20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. Whil		LACE OF INJURY (Home, form cotory, street, office bldg., etc.		(County) (State)
21. I certify that I attended the decedative an May 6, 19.  ACTUAL SIGNATURE SCALE PHYSICIAN'S NAME (Type)  PLU R. 1	med A			that I last saw the deceased and an the date stated above.  DATE SIGNED  May 7, 1958
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town,	or county) (State)
BENOTAL 1Specify) 5/9/58	Philos Cemet	4	Westernport	Md.
23. FUNERAL DIRECTOR'S SIGNATURE	Man not	MU DATE	MAY 1 2 '58 24b. REGIS	STRAR'S SIGNATURE

A Contraction		ADETYSBOU OF A	w <sub>2</sub>
		and the same of th	The state of the s
	Androde in Francis		
	had my yan b		
	Arid   Cal		
10000000		District District	
			TEXT DESCRIPTION
	dissipation of		
	THE PARTY OF THE P		
		and a marine	
		ATHEROS HE FIRST	

CERTIFICATE OF DEATH Egna

05206

34	110		Reg.	Dist. No.					
1. PLACE OF DEATH		2. USUAL RESIDENCE (When	re deceased lived. If institution: Resid	dence before admission)					
a. COUNTY Allegany Coun	ty MARYLAND	o. STATE Maryland	b. COUNTY Allegany	County					
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest tawn)		c. CITY OR TOWN (If ou	tside corporate limits, write RURAL or	nd give nearest town)					
Cumberland	x85x years	02 Cumberland	Maryland						
d. NAME OF HOSPITAL (If not in haspital, give st OR INSTITUTION		d. STREET ADDRESS 1	614	e. IS RESIDENCE ON A FARM?					
1614 Bedford	btreet	Bedfo	rd Street	YES NO NO					
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year					
(Type ar print) Mary	Elizabet	h Miller	DEATH May	13 1958					
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.					
Female White WID	DOWED DIVORCED	May 5, 1873	85 yrs. Month	Days Hours Min.					
100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State a	r fareign country) 12.	CITIZEN OF WHAT COUNTRY					
Housewife		Clarksburg	. West Virginia	U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA							
Rev. Joseph Clark		Mary Rice	1614						
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)   111 yes, give wor or dates of service)		INFORMANT	Address						
No	none	rs. Alice McLu	ckie, XXXXXBedfor	d St., Cumber-					
1B. CAUSE OF DEATH [Enter only one cause p	ver line far (a), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	100mmal	bronchist	mounina	2 days					
260 x DUE TO	11	1 / /	Tu calin						
Conditions, if any, which ) (b)									
gave rise to immediate DUE TO	mentos de	seuse		10 nevs.					
lying couse last. 904:0 (c)	Diabetes mell			- /					
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	1	PART I(a) 19. WAS AUTOPSY PERFORMED?					
3 Frachme right	I former, into	Moderne,	77 Heb. 58	YES NO P					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Fell at forma	Aut .	ort 1 ar Part II of item 18.) 5 8						
20c. TIME OF INJURY Month, Doy, Year 20 Hour a.m. 5 XXXX Feb. 23 1958 of		ACE OF INJURY IHame, farm, actory, street, office bldg., etc.)		(Caunty) (State)					
5 Hour a.m. Feb. 23 1958 of	Vhile Nat while t work at work	Lor	Cumbeled,	md.					
21. I certify that I attended the dec	ceased fram 184.		may , 1958, that	I last saw the deceases					
10			.M, fram the causes and ar	the date stated above					
	TERMINAL PROPERTY OF		DDRESS (Street, city or town, state)	DATE SIGNED					
SIGNATURE W. algor V	in Our	M.D. 122 South	Centre Street	14 may 50					
NAME (Type) W. Alfred Van	Ormer, M. D.	Cumberlan	d, Maryland						
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C		22d. LOCATION (City, tawn, ar count						
Bunial May 15, 19	58 Hillcrest 1	urial Park	Cumberland, Ma	ryland					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S						
John J. Hafer Cumbe	rland, Maryland	DATE N	AY 1 6 '58 UUT	educh					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. may be retained by the host ital or attending physician.

TO FUNERAL DIRECTOR: A his certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached on use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be the registrar prior to burial cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

	HEATE OF DEATH	
Titorial specific		Allegans States
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HATEL STATE OF THE		Carolina Carolina Carolina

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
5204	CEDTIEICATE	OF DEATH	

		209	CERTII	rica	E OF DEATE	1		Reg. Di	st. No		
PLACE OF DEATH     a. COUNTY	Allegany		MARYL	AND	o. STATE Maryla		l lived. If institution b. COUNTY	n: Residen			sian)
b. CITY OR TOWN (I RURAL and give ne Cumber.		ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o		rote limits, write RU	RAL ond	give nec	grest tow	n)
	AL (If not in hospital, g				d. STREET ADDRESS 118 Winton	Place				ON	SIDENCE A FARM? NO M
3. NAME OF DECEASED (Type or print)	Johi		Middle Josep	oh	Mitchell	4. DATE OF DEATH	Month May		16t	,	Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MAR WIDOW	RIED NEVER MARRIE		pate of Birth 2n. 13, 1884		9. AGE (In years last birthday) 74 yrs.	Months	1 YEAR Days	IF UND Haurs	ER 24 HRS. Min.
Supt. of W	ON (Give kind of work ling life, even if retired OPKShops	1 .	kind of Business of clanese Cor		West Vi		•	12. CII		S.A.	TCOUNTRY
13. FATHER'S NAME William	Mitchell				14. MOTHER'S MAIDEN N Mary J						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR If yes, give war or dates of t		None		s. Margaret	R. Mit	Addre chell 11	"Cum' 8 Wir	ber1	and Pla	Md.
The state of the s	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, (	ine far (a), (b), and (c).] Coronary Art Arterioscler	ery	Occlusion Heart Disea	ıse			37	erval B SET, AND hou	DEATH
gave rise to it cause (o), stating lying cause last.	mmediate (		Arterioscler	cosis	, generalize	ed			J'e	ears	
20g. ACCIDENT WA	React	ive I	Depression a	and p	OT RELATED TO THE TERMI OOR NUTRITION Enter nature of injury in f	n sec	ondary th			PERF	AUTOPSY ORMED?
20c. TIME OF INJUR Hour a. m. p. m.	MEDICAL EXAMINER) Y Manth, Day, Ye 19	While		20e. PLACI factor	E OF INJURY (Hame, farm y, street, affice bldg., etc.	, 20f. (City	ar tawn)	(1	County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S	man G	( a)		death a	. Algonqui	M, from	the causes ar	nd an t	last so	te stat	decease ed abave ATE SIGNE
270. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL			22c. NAME OF CEME			22d. LOCAT	ION (City, tawn, or		Land	(Sta	ite)
23. FUNERAL DIRECTOR' II. Wayne		umbe	ADDRESS rland, Mary		24a. REC'	AY 2 0	RAR 24b REGIST				

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### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, within the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Prof. 4 should be forwarded the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hearn, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

ARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	BALTIMORE,	18
5 MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	D

1. PLACE OF DEATH a. COUNTY	Allegany		MARYLAND		(Where deceased live t Virgin		dence before odmission)
b. CITY OR TOWN (It	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16			limits, write RURAL on	d give neorest town)
Cumberl			Few Hours	Rt.	1. Ridg	eley, W.	Va.
d. NAME OF HOSPITA	L OR INSTITUTION (	If not in hosp	pital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
	1 Hospita	al				85 X-3	ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	Fir	ald	Middle	Morris	4. DATE OF DEATH	May 2	Doy Yeor 1958
5. SEX			D NEVER MARRIED		9. AC	E (In years   IF UNDER	
Male	White	WIDOWED			.940 ]	7 yrs. Months	Days Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUS				IZEN OF WHAT COUNTRY?
Student		H	igh School	Indepen	dence W.	Va. I	USA
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
Samuel	Morris			Georg	ia E. Co	rdi	
15. WAS DECEASED EVI	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	NFORMANT		Address	
no no	lit yes, give war or dates or	servicej		Mr. Samuel	Morris.	Ridgele	y. W. Va.
	'H [Enter only one cou	se per line !					INTERVAL DETWEEN
PART I. DEAT	H WAS CAUSED BY:	E7-	ractured Ski	II and Ne	ole		Sudden
825X	IMMEDIATE CAUSE (a)		rac mired oxi	III and no	O.A.		Duddon
Conditions, if a							1000
gove rise to immed	liote cause						
(a), stating the s	inderlying (c)						
Z PART II, OTH			INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINALDISEASE CON	DITION GIVEN IN PAI	
N N N N N N N N N N N N N N N N N N N							YES NO DE
PART II, OTH  200. EXTERNAL CAL PRIMARY [] or COY CAUSE OF DEATH.	SE WAS		HOW INJURY OCCURRED.		ort I or Part It of ite	n 18.)	) tud tude
	Y Month, Doy, Yes		utomobile Ac		'005 (0')	-1 (0:	(6 )
20c. TIME OF INJUI	5/4/58 19		Not white for	CE OF INJURY (Home, fo lory, street, office bldg., e Street	fc.) :	ely,Miner	cal, W.Va.
21. 1 certify th	at I took charge	of the r	emains described abo	ve, held an Autop	osy , Insper	tion X, Inqui	ry A and in my
			auses , Accident		-	Undetermined	. —
	1	-,	Vo in	1			0.47F (10.17C
ACTUAL	enede	ct	Skitareli	CHIEF MEDICAL	EXAMINER [		DATE SIGNED
1				ASSISTANT MED	ICAL EXAMINER		
EXAMINER'S NAME (Type)	Benedict	Skit	arelic, M.D.	DEPUTY MEDICA	L EXAMINER K		
220. BURIAL, CREMATIC REMOVAL (Specify) BUT121		1958	22c. NAME OF CEMETERY OF Fort Ashby			(City, town, or county) Ashby, W.	Va. (Stote)
23. FUNERAL DIRECTOR		- 121	ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE
James F	. Scarpe	lli,C	umberland,	Md. DATM	AY 6 '58	1 all Les	ich

SAMEDICALLEGICA MINEROLS CERTIFICATE OF REATH The sealouted at the Lorente of Constant of a chigardia deligate Milane A Service of the second of the The state of the s

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05209

13. FATHER'S NAME			5200	CAL EXAMINER'S	CERTIFICA	IE OF DEATH	Reg. Dist. No.
d. PROSENTAL CE INSTITUTION (I) The in hospital give priest address)  3. NAME OF CATALOR STATE OF INTERMINENT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTOPSY PERFORMENT (1), 2 foiling may five underlying below the underlying of the control of the cont	1.	PLACE OF DEATH  o. COUNTY	legans	MARYLAND			
3. NAME OF DECAMED   Street   Middle   Loui   Street   Mogh   Day   Year   DECAMED   Lilly   Boll   Myors   Loui   Myors   Loui   May   23   1958   1558   No Extended   Lilly   Boll   Lilly   Boll   Myors   Loui   Myors   Loui   Myors   Loui   Myors   Loui   Myors   Loui   Myors   Loui		(Presented)	and	Life	c. CITY OR TOWN (III	Juside corporate limits, writer	te RURAL and girchearest town)
DECEASED (1799 or print) Lille Boll Myors   DEATH May 23   1588    5. SEX   6. COLOG OR RACE   7. MARRIED   NEVER MARRIED   DE DATE OF JIRTH   9. AGE (1699 to be bidded)   9. AGE (1699 to be		d. Trame of Hospital of	arrolf	Strat	d. STREET ADDRESS	Carrol	ON A FARM?
DIVORCED	3.	DECEASED	f			OF	
13. FATHER'S NAME	5.	Female C	0		Oct. 22,	1 UMA fact birthday)	Months Days Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Address   May	10	during most of working life,	even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or toreign country)	12. CITIZEN OF WHAT COUNTRY
It yes, give not or does of service)   Does   Doe	1:	B. FATHER'S NAME William	in D	avis	14. MOTHER'S MAIDEN I	Sate	2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove itse to immediate course (b) gove iting the underlying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED. YES ON ON THE PRINARY OF CONTRIBUTING CONTRIBUTING COURSED.  200. EXTERNAL CAUSE WAS PERFORMED. YES ON				16. SOCIAL SECURITY NO. 17. 1	ecol M.	Myers. (	umb. md.
MAMEDIATE CAUSE (o)   ATTERTOSCLETOTIC CARCIDVASCULAR DISEASE						1	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If ony, which gove rise to immediate course (cf.), stoling the underlying course lost.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDS: YES NOTE:  20a. EXTERNAL CAUSE WAS PERFORMEDS: YES NOTE:  20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 18.)  20c. TIME OF INJURY Month, Day, Year Mile of Death But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDS: YES NOTE:  20c. TIME OF INJURY Month, Day, Year Mile of Death But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDS: YES NOTE:  20c. TIME OF INJURY Month, Day, Year Mile of Death But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDS: YES NOTE:  20c. TIME OF INJURY Month, Day, Year Mile of Death But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDS:  20c. TIME OF INJURY Month, Day, Year Mile of Death But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDS:  20c. TIME OF INJURY Month, Day, Year Month Day, Year Mile of Death But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDS:  20c. TIME OF INJURY Month, Day, Year Month Day, Year Mile of Death But NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDS:  20c. TIME OF INJURY Month, Day, Year Month Day Opinion death resulted from:  10c. TIME OF INJURY Month, Day, Year Mile of Country in Part 1 or		IMME	DIATE CAUSE (o)	Arterioscleroti	c Cardiovasc	ular Disease	
Over rise to immediate course   Out to			Attack V				
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED TERMINAL CAUSE WAS PERFORMED TO CAUSE OF DEATH.  20c. EXTERNAL CAUSE WAS CONTRIBUTING COUNTRIBUTING COURRED. (Enter noture of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.)  21. I certify that I taok charge at the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinian death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner   ACTUAL SIGNATURE		gove rise to immediate of	couse				
PERFORMED. YES NOTE  To a. External cause was primary or contributing and the policy of contribution and the policy of contribution and the policy of contributing and the policy of contr			iying				
20c. TIME OF INJURY Hour o. m. p. m.  19  20d. INJURY OCCURRED While Not while of work of twork of two	CATION	PART II, OTHER SIG	GNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION G	PERFORMED
21. I certify that I taok charge af the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinian death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .  ACTUAL SIGNATURE BENEAUTORY SIGNATURE   ASSISTANT MEDICAL EXAMINER  May 23, 1958  220. BURIAL CREMATION. 27b. DATE THEREOF, SIGNATURE ADDRESS   22d. REC'D BY MEGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS   22d. REC'D BY MEGISTRAR 24b. REGISTRAR'S SIGNATURE			AS JTING 1 20b. DES	CRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Par	t I or Part 11 of item 18.)	
21. I certify that I taok charge af the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinian death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .  ACTUAL SIGNATURE BENEAUTORY SIGNATURE   ASSISTANT MEDICAL EXAMINER  May 23, 1958  220. BURIAL CREMATION. 27b. DATE THEREOF, SIGNATURE ADDRESS   22d. REC'D BY MEGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS   22d. REC'D BY MEGISTRAR 24b. REGISTRAR'S SIGNATURE	DICAL	20c. TIME OF INJURY			CE OF INJURY (Home, farm bry, street, office bldg., etc.	), 20f. (City or town)	(County) (Stote)
opinian death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undelermined manner   ACTUAL SIGNATURE Besed & Skitarelia M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER May 23, 1958  220. BUBIAL, CREMATION. 27b. DATE THEREOF, SIGNATURE  22d. LOCATION (City, town, or county)  STORY  ADDRESS  240. REC'D BY MEGISTRAR 24b, REGISTRAR'S SIGNATURE	MF		19	of work of work			
ACTUAL SIGNATURE Benedict Skitarelic, M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MAY 23, 1958  220. BURNAL, CREMATION. 27b. DATE THEREOF, 12c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  Standoval (Specify)  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY MEGISTRAR 24b, REGISTRAR'S SIGNATURE							1,,,
SIGNATURE  SIGNATURE  ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   May 23, 1958  220. BUBIAL, CREMATION. 27b. DATE THEREOF,  SIGNATURE  220. RUBIAL, CREMATION. 27b. DATE THEREOF,  SIGNATURE  ASSISTANT MEDICAL EXAMINER   May 23, 1958  220. LOCATION (City, town, or county)   (Stote)  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY MEGISTRAR'S SIGNATURE		opinian death resu	Ited fram: Natu	ral causes [A], Accident [	, Suicide,	Hamicide [], Undel	lermined manner 🔲
EXAMINER'S NAME (Type) Benedict Skitarelic, M.D.  DEPUTY MEDICAL EXAMINER (May 23, 1958)  220. BURIAL CREMATION. 22b. DATE THEREOF, STORY (Stote)  DEPUTY MEDICAL EXAMINER (May 23, 1958)  220. BURIAL CREMATION. 22b. DATE THEREOF, STORY (Stote)  DEPUTY MEDICAL EXAMINER (May 23, 1958)  220. BURIAL CREMATION. 22b. DATE THEREOF, STORY (Stote)  DEPUTY MEDICAL EXAMINER (May 23, 1958)  220. BURIAL CREMATION. 22b. DATE THEREOF, STORY (Stote)  DEPUTY MEDICAL EXAMINER (May 23, 1958)  220. BURIAL CREMATION. 22b. DATE THEREOF, STORY (Stote)  DEPUTY MEDICAL EXAMINER (May 23, 1958)  22c. NAME OF CEMETERY OR CREMATORY  DEPUTY MEDICAL EXAMINER (May 23, 1958)  22d. IOCATION (City, town, or county)  ADDRESS (24b. REC'D BY MEGISTRAR 24b. REGISTRAR'S SIGNATURE)		ACTUAL BERNATURE	edicto	le tanilia)	CHIEF MEDICAL EX	KAMINER 🗍	DATE SIGNED
NAME (Type) Benedict Skitarelic, M.D.  DEPUTY MEDICAL EXAMINER May 23, 1958  220. BURIAL, CREMATION. 22b. DATE THEREOF.  STOCK OF CHIEFERY OR CREMATORY  22d. TOCATION (City, town, or county)  STOCK OF CHIEFERY OR CREMATORY  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY MEGISTRAR 24b, REGISTRAR'S SIGNATURE		10				AL EXAMINER	
220. BURIAL, CREMATION.   22b. DATE THEREOF,   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)   (Stote)   22d. LOCATIO		NAME (Type) Bened	lict Skitar	elic, M.D.	DEPUTY MEDICAL	EXAMINER May	23, 1958
	22	O. BURIAL, CREMATION. 2		8 Rose / fill	CREMATORY Cen.	22d. LOCATION (City, town	or county) (Stote)
	23	FUNERAL DIRECTOR'S SIG	NATURE L	ADDRESS V	4. []		GISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded if Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill 10 FUNERAL DIRECTOR: Fage 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Head, or its designated agent, phas to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

PRATE TO STADISTING SCHOOL OF DISCOURSE The state of the s The Later and the Committee of the Commi

DATE

10 VS A15 (4) 1SM 10/57

600

James F. Scarpelli Cumberland, Md.

e. IS RESIDENCE

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

ON A FARM?

YES NO IN

Yeor

1958

		CERTIFICA		
	Dia Mari		and the second	Park Report
	Silver III			
	12 13 14 11		TAX SQUE TAX BOOK	
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A SECOND LOS	TOTAL CONTINUE		licalal Transco	
				to make a pro-
				American
			COR. F. MINTERON	
	The second			
		. Samuel S	MET LITTE TO SE	

VS A15 (4)

15M 10/S7

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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DR. DURRETT

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 5208

05211

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. WEST VIRGINIA  b. COUNTY  MINERAL					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  WILEY FORD  8 5 × 3					
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION MEMORIAL HOSPITAL	dd	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First DECEASED (Type or print) WILLIAM	TAYLOR	O BRIEN	4. DATE OF DEATH	MAY 13,	Day Year 19 58		
S. SEX  6. COLOR OR RACE  7. MARRI  WHITE  WIDOWER	DIVORCED [	8. DATE OF BIRTH  JUNE 9	lost	44.4	TYEAR IF UNDER 24 HRS. Days Hours Min.		
100. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)  Ret. Farmer	Farming		or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?		
13. FATHER'S NAME  JOHN OBRIEN		MARY LIKINS					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)  If yes, give wor or dates of service)	***	MEMORIAL HOSP	ITAL-MEMOR	Address	VICK AVES.		
18. CAUSE OF DEATH [Enter only one couse per tine PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  (c)	youndite. Ortere	sclus	compe	esation	INTERVAL BETWEEN ONSET AND DEATH Z R Z R Z V R Z V R Z V R Z		
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE				1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
Hour a. m. While	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form ctary, street, office bldg., etc.	20f. (City or town	(C	ounty) (State)		
21. I certify that I attended the decease alive an 19 STANDER SIGNATURE PHYSICIAN'S NAME (Type) DR. CLAY E. DURI	and that death	accurred at 2:35 /	M, from the c ADDRESS (Street, city Lary Ca	auses and an th	e date stated abave.  DATE SIGNED  5 / 3 / 3		
220. SURIAL, CREMATION, 22b. DATE THEREOF BUT181 May 15,1958	22c. NAME OF CEMETERY O Knobley Ce		22d. LOCATION (Cit Antic		(Stole)		
23. FUNERAL DIRECTOR'S SIGNATURE Byron Kight C	address Cumberland,		By REGISTRAR 5	PAB. REGISTRAR'S SIG	NATURE 17		

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CATE OF DEATH				
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VS A15 (4) 15M 10/57

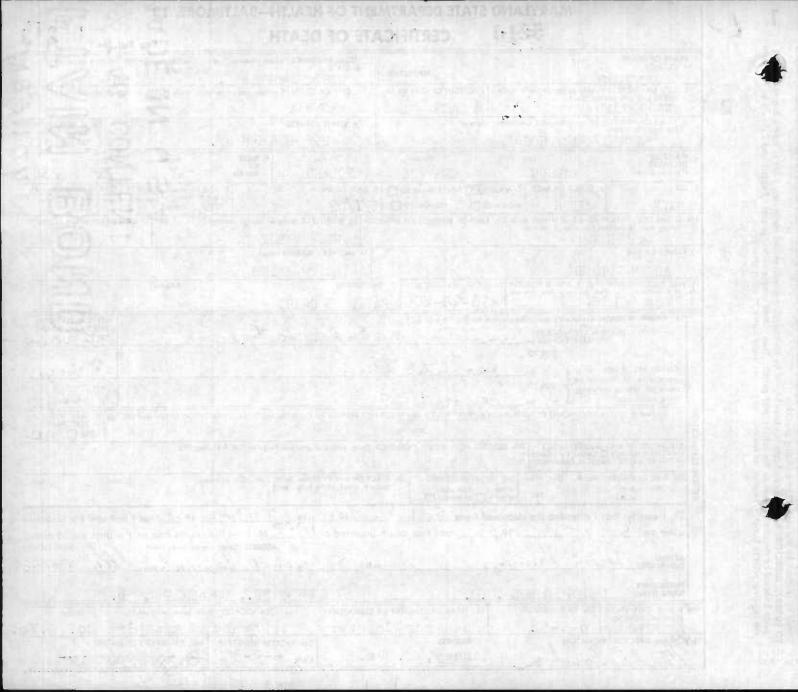
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5209 CERTIFICATE OF DEATH

	weg. Dist. Ito.	
1, PLACE OF DEATH  O. COUNTY LLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm o. STATE b. COUNTY ALLEGANY	nission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	own).
CUMBERLAND 164 DAYS	1 7	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS R	ESIDENCE
OR INSTITUTION	ON	A FARM?
MEMORIAL HOSPITAL, MEMORIAL AVE.	320 PENN. AVE.	□ 00 □
3. NAME OF DECEASED (Type or print) MR. WALTER N. PARS	Last 4. DATE Month Day ONS DEATH MAY 25	Yeor 12 58
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UN	DER 24 HRS.
MALE WHITE WIDOWED DIVORCED	68/7 /1894 last birthday) Months Days Hour	s Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND	7 7 1034	AT COUNTRY
during mast of working life, even if refered)		
D. C.	O.R.R. WEST VIRGINIA U.S.A	•
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ELWOOD PARSONS	HANNAH SHANNON	
IVes no or unknown! . Iff was must be deter of control	INFORMANT Address	
No 705-05-1780 ME	MORIAL HOSPITAL, CUMBERLAND, MD.	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL ONSET AN	BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) (1) (I homica -	7 4	al
4221 DUE TO 011		1
Conditions, if ony, which ) (b) (1) fly street (	under Unente Absence 14 N	200 LA
gove rise to immediate	action processes 1777	(UN)
lying cause lost. (3) Birnchiecture	- Cheonic Valuumay Fi housis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	SAUTOPSY
		FORMED?
	RED. (Enter nature of injury in Part I or Part II of item 18.)	3
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. In Mour o. m.  p. m. 19 While of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (actary, street, affice bldg., etc.)	(Stote)
p. m. 19 of work of wark		
21. I certify that I ottended the deceased from Lul	1934 to May 1938 that I lost saw the	1
	111111111111111111111111111111111111111	
olive on 192, one that deal	th occurred of 1;45PMM, from the couses and an the date sta	ited obave
ACTUAL ORPHULLES SELECTION OF THE SELECT	ADDRESS (Street, city or lown, stole)	DATE SIGNE
SIGNATURE - (WILLIAM ELLE ME)	M.D. 133 Va leve Cullular He 5	726/5
PHYSICIAN'S G. O. Himmeluhiohtin	, D	
220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY	20 JOSATION (C	
REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county) (St.	ate)
May 10/750 Money	weld coppe, spring field W?	Va.
3. FUNERAL DIRECTOR'S SIGNATURE DODRESS	240. REC'D BY REGISTRAR 236. REGISTRAR'S SIGNATURE	
Thomas Wheel Wey	ECC ZUSZIDATE MAY 2 8 '58   ( ) 0 0 0	

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VS A1S (4) 1SM 10/S7

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5211

**CERTIFICATE OF DEATH** 

05214

1.	PLACE OF DEATH o. COUNTY	allegany	nd-	MARYLAI	O STATE	Mary	ere deceosed li	ved. If institut b. COUNTY		e before odm	ission)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi		c. LENGTH OF STAY IN	1b c. CITY O	TOWN (IF o	utside corporot	e limits, write l	RURAL ond g	ive negrest to	wn) « -
	OR INSTITUTION	AL (If not in hospitol, s City Pave				ADDRESS	erland ity Pa	vement		ON	ESIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	CHOMAS	st	GUY Middle	REED	ost	4. DATE OF DEATH	May 1	nth	Day	Yeor 19 58
S.	SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCED	0 1 00		9.	AGE (In years lost birthdoy) yrs	Months	YEAR IF UN Doys Hour	7
	during most of work	ON (Give kind of work king life, even if retired		& O Railro			or foreign coun			USA	T COUNTRY?
13.	FATHER'S NAME				14. MOTHER	'S MAIDEN N	IAME				
		Edwin Ree	d		Alli	e	?				
		R IN U. S. ARMED FOR Ilf yes, give wor or dales of s WW 1	ervice)	SOCIAL SECURITY NO. 05-07-2269	Mrs. Har	ry Ha	CAR	Queen			
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	-	e for (o). (b). and (c).]	detis					INTERVAL ONSET AN	
	526X	DUE TO			-	-				1	
	Conditions, if o	ny, which ) (b	12	ronchi	ecces	es .				4-7	en
	couse (o), stoting lying couse lost.	the under-									
Z		TER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED	O THE TERMI	NAL DISEASE C	ONDITION GI	VEN IN PART	1(a) 19. WAS	AUTOPSY
CATIO										PERF	ORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	URRED. (Enter noture	of injury in P	Port 1 or Port II	of item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	Not while of work	e. PLACE OF INJURY foctory, street, off	(Home, form, ice bldg., etc.	20f. (City or	town)	(Ce	ounty)	(Stote)
	21. I certify th	at I attended the	decease	ed from Jan.	15, 195	8, to 2	my 1	, 195	8, that I lo	ost saw the	e deceased
	alive and	1.30,	., 195		eath accurred a	t	_M, fram t	he causes	and an th		
	ACTUAL SIGNATURE	layk.	So	well	_M.D. 236		ADDRESS (Stree	t, city or town,	stote)	2 3	Tare signed
	PHYSICIAN'S NAME (Type)	Clay E. D	urre	tt M.D.	236 Va	. Aven	ue, Eu	mberla	nd, Ma	arylan	d
220	BURIAL, CREMATIO REMOVAL (Specify)	May 5	958	22c. NAME OF CEMETER Arlington			22d. LOCATIO Arl	N (City, town, ington		ginia	ote)
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			BY REGISTRA		ISTRAR'S SIGI		
	John J. I	Hafer, Cum	berla	and, Maryla	nd	DATE M	AY 6 '5	B Ull	I.A edi	ien	

	THE DEED TO STREET OF DEATH OF	
	The transfer of the second of the second of the	
		a la company
Institute Colored to the		

# TO HOSPITAL OR ATTENDING RHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hasp or attending physician. TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and campletely filled in by the funeral of the control may be retained by the hass for attending physician. 2 FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and campletely filled in by the funeral designed as should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 1SM 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

05215

o. COL		egany		MA	ARYLAND	o. STATE	PENCE (Wh	-	d lived. If instituti b. COUNTY	on: Reside	nce befo	ore admiss	sion)
b. CITY	Y OR TOWN (If	outside corporate limi	Is, write	c. LENGTH OF ST.	AY IN 1b	1	and the same of the last of	14430	rote limits, write R	URAL ond	give ne	arest town	n)
	Ichart			28 vr	0.	X	ckha	77 fr					
d. NA/		L (If not in hospital, g	ive street			d. STREET A						e. IS RES	
-	- 11	Frostbur	a cr			R.D.	#3.F	rostl	ourg, Md.		4		FARM?
3. NAME	OF	Fir		Mid	dle	Los		4. DATE	Mon		0		
(Type o		ULIA		M		EPHANN		OF DEATH	5	THE STATE OF THE S	19	,	Yeor 1958 •
5. SEX			7. MA DE	RIED NEVER MAI		B. DATE OF BIRTH	<u> </u>	- SEATH	9. AGE (In years	TIE LINDE			I 9 0 0 e
F		W			KKIED []				lost birthdoy)	Months	Days	Hours	Min.
10- 11511	AL OCCUPATION		WIDOW			9-5-18	-		64 yrs.				
gurin	g most of works	N (Give kind of work on ng life, even if retired)			S OR INDU								COUNTR
HO	usewor	k		own Home		Frie	ndsv	ille,	, Md.		U.S.	. A.	
3. FATHE	R'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Ha	rvey H	eilman				Sadi	e No	el					
15. WAS [	DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY I	NO. 17. 1	NFORMANT		Box	87 Add	ress	~		
7.7	Onknown) (If	yes, give war or dates of se	ervice)	None	VI	ctor Re	nhan		3,Fros	2 this	ים מי	Ma	
		H [Enter only one co				0 002 210	DILCUIA		200 21 01	JUDU.		ERVAL BE	
	e (o), stoting the g couse lost.  PART II. OTHE	R SIGNIFICANT CON	)	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIV	'EN IN PAI	RT 1(o) 1	9. WAS PERFO	RMED?
	ACCIDENT WAS ONTRIBUTING [ THER, NOTIFY M	UNDERLYING  CAUSE OF DEATH DEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of	f injury in F	ort I or Pari	t II of item 18.)				
	IME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED  Not while  of work	20e. PL for	ACE OF INJURY (Ectory, street, office	dome, form bldg., etc.	, 20f. (City	or fown)		County)		(Stote)
21. 1	certify tha	t I attended the	deceas	ed fram Fe	RI	1958	to m	nau 1	19. 1958	Sthat I	last se	w the	decens
alive	e an M	dy 16	19.5	B and th	at death	occurred at	2127	LAN STON	n the causes a				
		1.0 00	1	, , , , , ,	ai deam	occorred dis			reet, city or town.		ne aa		ATE SIGN
ACTU	AL L	THIME	/	ano			En	00	elle la	1	-1	4 . 3	0 10
SIGN	ATURE	VVII	01	N/C		M.D		4.00	Mg 7/11	7	111	uy 1	0.194
PHYSI	E (Type)	UOM	1	ane									•
		226. DATE THEREO	F	22c. NAME OF CE	EMETERY O	R CREMATORY		22d. LOCAT	TION (City, town, o	or county)		(Stote	e)
Bur	DYAL (Specify)	5-21-58		Eckhart	Com	aterv	- 1	Eckh	ont			Md.	A 19
3. FUNER	AL DIRECTOR'S		fer	TITAODRESS 7	Hom		240. REC'S	BY REGIST		TRAP'S SI	GNATU		
B. D.	111 711.	1 to 102		a caron a		_		AY 2 3	'58 0	0			
Jours	7 H. W.	meeny 20	Li e	Main, Fr	OSTO	urg.Md.	DATE		- M	Mel	luc:	h	

CEDTIEICATE OF DEATH

05216

		5212	CERTIFICA	AIE OF DEATE		Reg. Dist.	No.
1.	PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)			before admission)
	RURAL and give n	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16 4/16/58		outside corporate limits, w	rite RURAL and giv	e nearest town)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street  Allegany Cour		d. STREET ADDRESS y / 723 M	Maryland A	venue	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)		Middle Elizabeth	Rice	4. DATE OF DEATH	Month May	21, 1958
5.	Female	6. COLOR OR RACE 7. MARR	32	8, DATE OF BIRTH 8/21/1872	9. AGE (In last bigth	1	YEAR IF UNDER 24 HRS. oys Hours Min.
10	o. USUAL OCCUPATI during most of wor Housew	ON (Give kind of work done 10b. king life, even if retired)	NIND OF BUSINESS OR INDU		or foreign country)  1d, Maryla		S. A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
		John Spearm	an	Man	ry Cosgrov	re	
15. {Ye	WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.		NFORMANT P. O. legany Cour	Box 599 nty Infirm	AddressCumb nary Rec	erland, Md.
		ATH [Enter only one couse per line ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Duy, which )	Chrone	congry	Hypos	tasis	INTERVAL BETWEEN ONSET AND DEATH
	gave rise to i couse (a), stating lying cause last.	fhe under- DUE TO	bereler	al ar	teriose	elevos	6 >
CERTIFICATION		HER SIGNIFICANT CONDITIONS C	ile De	lercorr	atron		(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING	MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	'art I ar Part II af item 1	3.)	
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Year 20d. It While at worl	Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.			unty) (State)
	21. I certify the alive an5, actual signature Physician's NAME (Type)	onat I attended the decease /21/58 , 19  Dr. James E	and that death	occurred at 10:15	Ay 21/58 19 PM, from the country or seene St.	ses and on the lown, state)	st saw the deceased date stated abave.  DATE SIGNED  /22/58
220	Burial, CREMATIC REMOVAL (Specify)	226. DATE THEREOF 5-24-58	22c. NAME OF CEMETERY O Hillcrest	R CREMATORY Burial Par	22d. LOCATION (City, to k, Cumber)	own, or county)	(State)
23.	FUNERAL DIRECTOR		ADDRESS			REGISTRAR'S SIGN	ATURE
	James F	. Scarpelli,	Cumberland,	Md. DATE M	AY 2 6 '58	0001	. /

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: After page 3 should be detoched for the registror priar to buriol, or VS A15 (4) 15M 10/57

all saints thought a farthered with 123 Sary book avenue Chart Man Pittle | BIA ST in the control of the OVCVILLED OF THE Millian Company of the contract of the contrac The second of the second second TOTAL COME COME OF THE STATE OF . B. L. Lores . Park Land . Cont. St. Cont. St. Co.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 15217 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Allegany Maryland Allegany deoth. erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should Cumberland Cumberland year ofter d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 00 ON A FARM? 22 YES NO 418 Bond Street 418 Bond Street pup 2 NAME OF First Middle DATE Last Month Day Year DECEASED (Type or print) ROBERT DEATH GUY RICE May 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Male e WIDOWED | DIVORCED | yrs. 18 10o. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cutter Retired Cumberland. Maryland TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry G. Rice Mary Jane Bowden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 418 Bond Street Yes 7-10-1018 [Isohelle Cumberland, Maryland attendi 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4110 **DUE TO** py permit. Conditions, if any, which men gned gave rise to immediate DUE TO couse (a), stating the underpuo lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 0 YES NO DA 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (Stale)

MEDI a. m. p. m.

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

21. I ce	rtify that	I attended th	ne deceas	ed from	1		19,22, to_	May 3	, 195 that	I last saw th	he deceased
olive on	Mo	7 3	19	58	ond that	deoth occur	rred ot 136	304 M from the	causes and on	the date st	oted above
/		/	. /	1				ADDRESS (Street, ci			DATE SIGNED
ACTUAL	1.	1 IN		1							

SIGNATURE PHYSICIAN'S

George M. Simons

While

of work

128 Union St. Cumberland

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial May 1958 22c. NAME OF CEMETERY OR CREMATORY Burial Park Hillcrest

22d. LOCATION (City, town, or county) Cumberland. Maryland

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

John J. Hafer, Cumberland, Maryland

Not while

at wark

24a. REC'D BY REGISTRAR

246\_REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/55

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			region at million	
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the tunera	

DSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 be retained by the hospital an attending physician.

INERAL DIRECTOR: After the properties of the proper

TO H	шоу	TO FU	pag	ther
			0/5	

	9617	_Tte	m 9 F1 1mG23L	1 6-25-50	et			Keg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Allegany	1	MARYLAND	o. STATE	DENCE (Who		lived. If institut b. COUNTY			nission)
	(If outside corporate limits,	write c	LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	utside corpor	ote limits, write I			own)
RURAL and give	negrest town)		6wks. L days							
d. NAME OF HOS	PITAL (If not in haspital, give	street add		d. STREET A	Cumber	Tand			le is i	RESIDENCE
OR INSTITUTION	N			1		10 1			10	A FARM?
	Sacred Hear	G. HOS					Street		162	□ NO □
3. NAME OF DECEASED (Type or print)	First Williams		Middle E .	Rice	st	4. DATE OF DEATH	5/	nth	Doy 21/	Year 19 58
S. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	B. DATE OF BIRT	Н		9. AGE (In years			NDER 24 HRS
Male	White v	VIDOWED !	DIVORCED [	10/2	1/76		losy bietbooy)	Months D	ays Hou	rs Min.
On USUAL OCCUPA	TION (Give kind of work do- orking life, even if retired)	ne 10b. Kit	ND OF BUSINESS OR INC			or foreign #9		OVE CITIZI	EN OF WH	AT COUNTR
Retired	Concrete Wor	ker			Maryl			1	U.S.	A
3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
Wi	lliam C.Rice				Kather	ine B	rant.			
S. WAS DECEASED E	VER IN U. S. ARMED FORCE		CIAL SECURITY NO. 17.		id one	IIIO D	Add	ress		
(Yes, no or unknown)	Ilf yes, give wor or dates of servi		none	Chari	t					
	EATH [Enter only one coust	e per line f	for (o), (b), ond (c).]				THE REAL PROPERTY.		INTERVAL	BETWEEN ND DEATH
PART I. D	EATH WAS CAUSED BY:	Conge	estive Heart	Failure	& Pne	umonit	is	W.5.10		lours
420.0	DUE TO									
Canditions, if		Ante	riosclerotic	Heart Di	60000	with	Candiam	arclar .		
gave rise to	immediate (	AL'UE.				MTOH	Cardion	cgar,y	Vaca	
cause (o), statin			and coron	ary scre	rosis				Year	TS .
lying cause los	, (c)_									
PART II. C	THER SIGNIFICANT CONDI	HONS CON	NIRIBUTING TO DEATH BI	UI NOI RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PART 1	(a) 19. WA	S AUTOPSY
5	Advanced age:								YES	□ NO M
	WAS UNDERLYING 20 HG CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRI	BE HOW INJURY OCCUR	RED. (Enter noture o	of injury in P	ort I or Part	II of item 18.)			
20c. TIME OF INJI Hour a. m	10	While	Nat white at work 20e.	PLACE OF INJURY ( factory, street, office	Home, farm, e bldg., etc.	20f. (City	or town)	(Cod	unty)	(State
21 1 cortific	that I attended the d	acacted	from April E	1058	. Ma	v 21.	1958	46-4-1-1-	. 4 41.	
	May 20th			1	6.55	2		,mar i ia:	21 20W III	e deceas
alive an	May Zuella	, 19.00.	and that dea	th accurred at			the causes ( eet, city or town,		date sta	
ACTUAL OA	1001		( I	41					Ma	5/22
SIGNATURE	surand 1. W	own	~~~~	MD. Algo	nquin	note	, cumbe	Tanu	, Ma	3/44,
PHYSICIAN'S NAME (Type)	Dr. W Doern	ner	V	Algo	nauin	Hote	L Cum	berland	d.Md.	
	ION, 22b. DATE THEREOF		2c. NAME OF CEMETERY				ION (City, town,			tate)
REMOVAL (Specif	v)									
Burial  3. FUNERAL DIRECTO		108 L	entenary Mo	etn. ceme						anu
						BY REGISTI	2 1 ( )	STRAR'S SIGN	7	
John J.	Hafer, Cumbe	erlan	d, Maryland	d	DATEMA	1 2 6 '5	· Illi	Leduce	À	

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 is certificate has been signed by the attending physician and campletely filled in by the funeral rate use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be fi may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After its certificate has been signed by the attending physici page 3 should be detached the use as the burial-transit permit. Then please remave the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs

VS A15 (4) 15M 10/57

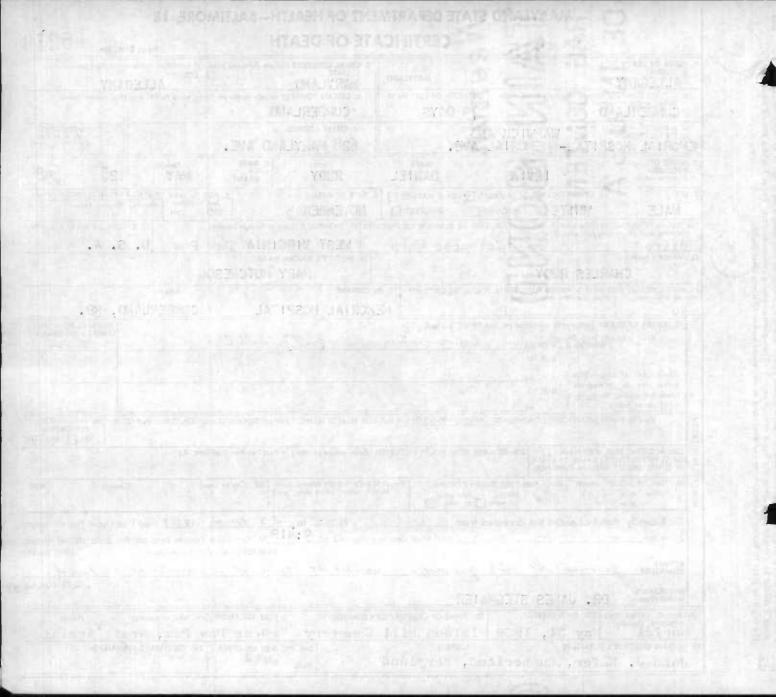
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

5915

1. PLACE OF DEATH  o. COUNTY  ALLEGAN	1		MARY		o. STATE MARYLAND	Vhere deceas	ed lived. If ins b. COU	NTY	lesidence be		ssion)
CUMBERL			c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orote limits, wr	ite RURAL	L ond give n	nearest tov	vn)
	PITAL (If not in hospital, WARW OSPITAL - MEM				d. STREET ADDRESS 628 MARYLA	AND AVI	E.			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	IRV		Middle DANI		RUDY	4. DATE OF DEATH	8.6	Month AY	2	Boy	Yeor 19 58
5. SEX	6. COLOR OR RACE WHITE	7. MARR	DIVORCE		NOVEMBER 5		9. AGE (In ye lest birthde		onths Doys		7
Retired  13. FATHER'S NAME	TION (Give kind of work orking life, even if retired	)	kind of Business of		WEST VIRO	GINIA	Paw Pa		U. S.		TCOUNT
	VER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17 INF	DRMANT	HOTC		Address			
No	(If yes, give war or dates of		JOEINE SECONIII 110	I I I I I I	ORIAL HOSPI	TAL			LAND.	MD.	
S	immediate DUE TO	·)	ONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TERM	WINAL DISEA	SE CONDITION	GIVEN IN	N PART I(o)	PERF	AUTOPSY ORMED?
G (IF EITHER, NOTI	WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRISE HOW INJURY OF	CCURRED.	Enter noture of injury in	Port I or Po	rt II of item 18.	)			
20c. TIME OF INJI Hour o. m p. m	10	While	Not while of work	20e. PLACI factor	OF INJURY (Home, far y, street, office bldg., et	rm, 20f. (Cit	ly or town)		(Count)	γ)	(State
actual SIGNATURE PHYSICIAN'S NAME (Type)	James & DR. JAMES	195 	8, and that  19 mail  14 IER	death a	. 19 55, to ccurred at 9:41 0.122 So Cas	ADDRESS (S	m the cause Street, city or to	es and	an the d	ate stat	ed aba
220. BURIAL, CREMAT REMOVAL (Specif Burial	May 31,	1958	Island H		3.4	100000	Paw P			Virg	inia
John J.	Hafer, Cum	berla	ADDRESS and, Maryl	and	24a. REC	JUN 2	TRASS 246.	EGISTRAF	R'S EIGNAT	URIE	



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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5216 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05220

Reg. Dist. No.

	0610							
1. PLACE OF DEATH					ENCE (Where decease			belore admission)
A	llegany		MARYLAN	D O. STATE M	aryland	b. COUNTY	Alleg	any
b. CITY OR TOWN (If and give nearest town)	autside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TO	OWN (If outside corp	porate limits, write	RURAL and give	e neorest town)
Route 3,	Cumberlan	d	20 years		te 3, Cu	mberlan	d	
Bedfor		f not in he	ospilal, give street address)	Bed Bed	ford Roa	d		ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir LUELLA	M	Middle L	SEIBERT	4. DATE OF DEATH	Month May	16,	oy Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF SIRTH		9. AGE (In years	IF UNDER TYE	AR IF UNDER 24 HRS.
Female	White	WIDOWI			.1900	fost birthday) 58 yrs.	Months Days	Hours Min.
10o. USUAL OCCUPATION during most of workin HOUSEWI 13. FATHER'S NAME	g life, even if retired)		wn Home	JSTRY 11. BIRTHPLAC	E (Stote or foreign of Penna.		12. CITIZEN USA	OF WHAT COUNTRY
Fnonk	Morgart				MOUNE	)		
15. WAS DECEASED EVI	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	INFORMANT	COBLOR	Address		
(Yes, no, er unknown)	(If yes, give war or dates of	service)	None W	m. R. Se	ibert, R		Cumbe	erland, Mo
Conditions, if a gove rise to immed (a), stating the cause last.	diate cause DUE TO (c)	(	Coronar	g Scle	rosis	)		nser and peath Spacedega
PART II. OTH			ONTRIBUTING TO DEATH BU				EN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO P
CAUSE OF DEATH.  20c. TIME OF INJUI  Hour a. m. p. m.		Whi	INJURY OCCURRED 20e. P le Not while foork of work	LACE OF INJURY (Hostory, street, office bi	me, form, 20f. (City	or town)	(County)	(Stote)
			remains described at causes . Accident	CHIEF MEE	, Hamicide	, Undeter	Inquiry [ mined man	-
EXAMINER'S NAME (Type)	Benec	LICT		C/C DEPUTY M		ם כ		
220. BURIAL CREMATIO REMOVAL (Specify) BURIAL	May 19,			or CREMATORY		ion (city, town, on berland		(State)
23. FUNERAL DIRECTOR			ADDRESS		40. REC'D BY REGISTI		TRAR'S SIGNAT	ARE
Byron Ki	gnt, Ci	mpei	rland, Md.	C	PATE MAY 1 9 'S	8 Ull.	reduct	^

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificate, witing the word "pending" in pending them. 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be farworded to Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained for your file TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hearth, ar its designated agent, priar to burial, cremation, ar removal, and in any event within 22 hours after death. VS. AISME 5M 2/57

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VS. AISME 5M 2/57

MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	-BAL	TIMORE,	18
MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF	DEATH	

		5217							Keg. Dis	. No.	
1.	PLACE OF DEATH	0.071				2. USUAL RESIDENCE (	Where decease	ed lived. If institu	ulion: Residen	ce befo	are admission)
	. COUNTY	Allegany		MARYLA	AND	o. STATE Maryl	Land	b. COUNT	Alle	gan	Ŋ
Ŀ		pulside carporate limits, write	RURAL	c. LENGTH OF STAY IN	l 1b	c. CITY OR TOWN (I	If autside corp	orale limits, write	RURAL and	give ne	earest tawn)
á	Cumber!	land,				X Cumber	land.	Rt. # 4			
-	I. NAME OF HOSPITA	L OR INSTITUTION (	f not in	hospital, give street address)		d. STREET ADDRESS					. IS RESIDENCE
	Memoria	L Hosp.				01dtown	Road				YES NO
3.	NAME OF	Firs	1	Middle		Last	4. DATE	Mont	h	Day	Yeor
	DECEASED (Type or print)	SAMU	EL	SIRNA		SELL	DEATH	May		12.	19 58
5. 5	EX	6. COLOR OR RACE	7. MA	RRIED NEVER MARRIED	В.	DATE OF BIRTH		9. AGE (In years	The second second	YEAR	IF UNDER 24 HES.
	Male	White	WIDO	WED DIVORCED		Oct. 30, 195	57	lost birthday) yrs.	Manths D	2º	Hours Min.
10o	USUAL OCCUPATIO	N (Give kind of work o	done 10	b. KIND OF BUSINESS OR IN				ountry)	12. CITIZI	N OF	WHAT COUNTRY
9	infani	life, even if relired)		none		Cumber 1	and. M	d.	3	H	S.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN		-			
	Allen N	I. Sell Jr.				Eleanor	w e:	****			
15.		R IN U. S. ARMED FO	-	16. SOCIAL SECURITY NO.	17. IN	FORMANT	We OI	Address		-	
{Yes	, no sz unknown)	(If yes, give war or dates of		None		. Allen M. S	Call In	44		1	164
=	7	n (c			444	• **TTGII II. D	LETT OI	o Albo II	4 Cumb		and, Md.
		H WAS CAUSED BY:	se per i	ine far (a), (b), and (c).]						ONSET	AND DEATH
		IMMEDIATE CAUSE (a)		Asphysiat	101	3				l.	Sudden
	3/17	DUE TO								1.50	
	Conditions, if an			Laryngosp	ası	n					
	gave rise to immed (a), stating the u										
	couse lost.	(c)									
7	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19	. WAS AUTOPSY
Ĭ	Thymic	enlarge	men	t. Tracheo	-b1	conchitis.	mild			Y	PERFORMED?
E	20g. EXTERNAL CAU	SE WAS 20		RIBE HOW INJURY OCCURR			the state of the s	of item 18.)			
CERTIFICATION	PRIMARY OF CON	ITRIBUTING []									
	20c. TIME OF INJUR	Y Month, Day, Yea	or 20	d. INJURY OCCURRED 20e	PLAC	E OF INJURY (Home, for	m, 20f. (City	or lown)	(Coun	fy)	(State)
MEDICAL	Hour o.m. p. m.	19		/hile Not while	facte	ry, street, office bldg., etc	c.)				
	21. I certify th	of I took charge	of th	e remains described	abo	ve, held on Autop	sy 🖪, In	spection 🔀	, Inquiry	K,	and in my
	apinion death	resulted from: 1	Vaturo	al causes N. Accide	ent [	, Suicide ,	Homicide	. Undete	ermined m	annei	r 🗍
		1		0, 1							
	ACTUAL SIGNATURE	Somedia	1-	Statelic		CHIEF MEDICAL E	XAMINER [				DATE SIGNED
	SIGNATURE	HE CLERKY		grandade		ASSISTANT MEDIC	CAL EXAMINE				
	EXAMINER'S NAME (Type)	r. Benedic	t SI	citarelic		DEPUTY MEDICAL		Ma	y 12,	19	958
220	BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEMETER	Y OR	CREMATORY	22d. LOCAT	ION (Cily, lawn,	or county)		(Slate)
	Burial	5/14/58		S. S. Peter	38			berland,			
23.	FUNERAL DIRECTOR		Carrot	ADDRESS	0.00		D BY REGISTI	RAR 24b. REGI	ISTRAR'S SIGN	VATUR	E
L	Charles 1	. George	Jumi!	perland, Maryl	Lan	DATE	MAY 1	5 '51	Elles	ue	/a
2	060192	XV4					1411-1-1				

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VS A15 (4)

15M 10/57

CERTIFICATE OF DEATH

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5218					Reg. Dist. N	0.
1. PLACE OF DEATH  o. COUNTY  Allegany	MARYLAND	2. USUAL RESIDENCE (W) o. STATE Maryl		ived. If institution b. COUNTY	on: Residence be	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a		te limits, write RI		
RURAL and give nearest town)  Cumberland	lday		town			
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Sacred Heart Hos	spital					YES NO
3. NAME OF DECEASED (Type or print) Marie	Middle Blanche	Shafferman	4. DATE OF DEATH	Mav	th 0	Poy Yeor 1958
5. SEX   6. COLOR OR RACE   7. MARRI		8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEA	R IF UNDER 24 HRS.
Female W WIDOWE		6/25/98		lost birthdoy)	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cour		12. CITIZEN	OF WHAT COUNTRY
during most of working life, even if relired) Employed Memorial Hospita			7.00			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	Terra	Alta		S.A
MartThomas Epley		S	ara Be	nson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. 1	NFORMANT		Addr	ess	
	4-05-6389	Chart				
18. CAUSE OF DEATH [Enter only one couse per lin				1	IN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	temonte	000-1911	atro.	- hite	- Your ON	ISET AND DEATH
541. O DUE TO	0	1				auc
Conditions, if ony, which )	thoday	, lake			6	culin
gove rise to immediate		27				the to be
tying couse lost.						
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE C	1	EN IN PART 1(o)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II			YES NO
		D. CENTER HOTOLO OF HILDLY WITE	01110110111	or tiem 18.7		
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While of work	_ Not while _ foo	ACE OF INJURY Home form clory, street, affice bldg., etc.	20f. (City or	r town)	(County	) (State)
21. I certify that I attended the decease	d from	1956 ta 6	rea.	2.6 19 53	that I last s	aw the decease
olive on 122, 26, 19	, and that deoth	occurred at //19				ote stated above
10	,	767	ADDRESS (Street	et, city or town, s	itote)	DATE SIGNED
SIGNATURE HOWEISE	10-	M.D				5/27/5
PHYSICIAN'S NAME (Type) Dr. S.G. Weisman		59 Gree	n_Stree	t au	ubo, l	and lu
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O			N (City, town, o	r county)	(State)
Burial May 29, 1958	Terra Alta C	emetery		Alta, W		ginia
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRA		TRAR'S SIGNATU	0
John J. Hafer, Cumberlan	d, Maryland	DATE	IUN 2 '5	58 (1)	heduce	h

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## FOR STATE HEALTH DEPT.

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y be retained far
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th the Stote Board
ofter death. far may k and 3 e 5 ma d 2 with the word "pending" in pencil in them, 18. Give Pages 1, 2, and Chief Medical Examiner's Office along with farm PM3. Page 5 is should be used as a burjatransit permit. File pages 1 and 2 to burjatransit permit.

execute the cartificate, with a shauld be farworded to FUNERAL DIRECTOR: For its designated agent, DEPUTY 0 70 VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY Alleganv MARYLAND Alabama. Jefferson b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Cumberland 1 Day Birmingham d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital 565 Ave. G. Pratt YES NO 3, NAME OF Middle 4. DATE Month Yeor DECEASED (Type or print) DEATH Shannon May 9. AGE Iln years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED | DIVORCED [X Male 1898 60 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Circus Brooks, Ga. U.S. Advance agent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Earnest elia Dunbar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Yes 416-05-3122 Elmer L. Kauffman Macon Ga. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (o) sudden DUE TO Coronary Sclerosis Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES K NO T 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while o. m. of work of work D. ID. 21. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection X. Inquiry and in my opinion death resulted from: Natural causes [4], Accident [7], Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or founty) (Stote) REMOVAL (Specify) 5/5/58 Oakland Cemetery Birmingham. Klabama Removal 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR Charles L. George Cumberland, Md.

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	5220	)	CERTIFI	CATE OF	DEATH		WORE, TO		.05224
g. COUNTY	Allegany	7	MARYLAI	II O STATE	ESIDENCE (WI	land	ed. If institution b. COUNTY	Residence bef	
RURAL and give	erland		L/20/58	1b c. CITY C	Bart	outside corporate	limits, write RUR	RAL and give no	earest tawn)
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, gi	county	Tnfirma	d. STREE	Mary	land			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs Man	T	Middle K.	Sma	lost 11	4. DATE OF DEATH	Manth May	25	Year 1958
5. SEX Female	111	WIDOWED	DIVORCED	14/2/	1877		Birthday)	Manths Days	R IF UNDER 24 HR Hours Min.
Housew	TION (Give kind of work d orking life, even if retired) TITE	ane 10b. KIN	D OF BUSINESS OR II	Bar	ton,	Marylan			S. A.
13. FATHER'S NAME	John Symo	ns		The second second	r's MAIDEN I rriet	Michae	els		
15. WAS DECEASED EN (Yes. no. or unknown)	VER IN U. S. ARMED FORCE	TES? 16. SOC	IAL SECURITY NO.			ox 599 unty I			rland, Moords
	EATH [Enter only one cou EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per line fo	or (a), (b), and (c).]	E my	ocar	litis		INTON	TERVAL BETWEEN
Canditions, if gave rise to	immediate (		Cerch	al &	tere	oscle	rosia	,	?
lying cause last	(c)		Hyp.	ertun	non	,~			?
[Z]	THER SIGNIFICANT COND	mil	e 20e	tercor	rate	on ,	-	IN PART 1(a)	PERFORMED?
	Y MEDICAL EXAMINER)	ZOD. DESCRIB	E HOW INJURY OCCU	JRRED. (Enter natur	e at injury in l	Part I ar Part II a	f item 18.)		
20c. TIME OF INJU	10	While	Nat while at wark	e. PLACE OF INJUR factory, street, af			awn)	(Caunty	(State
21. I certify alive on	that I attended the		from $1/20/$	58 , 19 eath accurred a	, to 5	/25/58 A.M., from th		that I last s	saw the deceas
ACTUAL SIGNATURE	Haus	3-	Leau	M.D.	100	address (Street, eene St	city or town, sto		DATE SIGN /26/58
PHYSICIAN'S NAME (Type)	Dr. Jame:	E. N	IcLean		Cumbe	rland,	Md.		
270. BURIAL, CREMATI BURYAL (Specific		22	c. NAME OF CEMETER Laurel Hil			22d. LOCATION	(City, tawn, ar o	county)	(State) Md.
23. FUNERAL DIRECTO	R'S SIGNATURE	Me	ADDRESS	Md	24a. REC'I	BY REGISTRAR AY 2 8 '58	24b REGISTR	AR'S SIGNATI	ME.

MADVIAND STATE DEPARTMENT OF HEALTH BALTMORE TO

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and campletely filled in by the funeral rector.	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be that with	the registrar priar to burial, cremotian, ar remaval, and in any event within /2 hours aper death.
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VS A15 (4) 15M 9/55

	1600				Reg, Dist, 14	· ·
o. COUNTY Allegany		MARYLAND	2. USUAL RESIDENCE (When o. STATE Md.	re deceased lived, If inst b. COU		
b. CITY OR TOWN (If outside corporate town) RURAL and give nearest town) Westernport	imits, write c. LENGTH	yrs	c. CITY OR TOWN (If our 43 Westernpo	otside corporate limits, wri	le RURAL ond give n	earest fown)
d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION 109 First	l, give street oddress)		d. STREET ADDRESS	۷.		e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Walte	First <b>r</b>	Middle	lost Smith	4. DATE OF DEATH May	Month (	7 19 58
5. SEX Male  6. COLOR OR RAC White	W. C.	R MARRIED   B	DATE OF BIRTH Mar. 15, 1870	9. AGE (In ye lost birthdo	grs IF UNDER 1 YEA (7) Months Doys yrs.	Hours Min.
10a. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti	rk done 10b. KIND OF BU red) Coal mi		RY 11. BIRTHPLACE (Store of Maryland	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME William Smith			Not kno			
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no, or unknown) (If yes, give wor or dales 200			FORMANT 's. William Mo		Address port, Md.	
PART 1. DEATH WAS CAUSED B IMMEDIATE CAUSI HAZ 2, / DUE  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	(b) A	torios	Myscerdi	715		SET AND DEATH
PART II. OTHER SIGNIFICANT CO			NOT RELATED TO THE TERMIN			PERFORMED?
20c. TIME OF INJURY Month, Doy,		ile foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)		(Count	y) (Stote)
21. I certify that I attended to alive an	a structu		0. 1957, to 10 00 00 00 00 00 00 00 00 00 00 00 00		es and an the d	
270. BURIAL, CREMATION, 226. DATE THE REMOVAL (Specify) 5/29/56		OF CEMETERY OR	CREMATORY	22d. LOCATION (City, 100 Westernpo	.,	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRE Weste	ss rnport. M			EGISTRAR'S SIGNAT	

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5221 CERTIFICATE OF DEATH

Reg. Dist. No. 05226

1.	PLACE OF DEATH O. COUNTY ALLEGANY			MARY	- 11	2. USUAL RES	TARYTA			nstitution DUNTY		FY-A		sion)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi earest town)	ts, write	c. LENGTH OF STAY	IN 16			outside corpor	rote limits,	write RU				n)
-	CUMBERTAL  d. NAME OF HOSPIT	AL (If not in hospital, o	ive street	8 HOURS		d. STREET	IMBERT.	AND					- AC DES	ADENICE.
	OR INSTITUTION	TEART HOSPI		0.00.000		/							e. IS RES	FARM?
	NAME OF	Fig.		Middle		ال		ID PLA	VCE.	Month		Do		Yeor
	DECEASED (Type or print)	CINE	IV.			SNEATH		OF DEATH	34	AY	,		'	19 58
5.	SEX	6. COLOR OR RACE	_	RIED NEVER MARRIE	OXIXI B.	DATE OF BIRT			9. AGE (In	years I	IF UNDER	1 YEAR		ER 24 HRS.
	FEMALE	WHITE	WIDOWI	ED DIVORCE		DEC. 26	. 195	7	lost birtl	yrs.	Months	Days 5	Hours	Min.
100	. USUAL OCCUPATION during most of world	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O				or foreign co	ountry)		12. CII	IZEN O	F WHAT	COUNTRY
	Infan			Infant			MD. C	umher	land	YOU		II.S	SA	
13.	13. FATHER'S NAME					14. MOTHER"	S MAIDEN N	NAME						
		SNEATHEN					PATRIC	IA	Thom	as				
	(Yes, no. or unknown)   (If yes, give wor or dates of service)				. 17. IN	FORMANT				Addre	\$\$			
_	no			none		PT'S CH	LART							
		TH [Enter only one co TH WAS CAUSED BY:	use per li	ne far (a), (b), and (c).]	0 0		0.1	0					RVAL BE	
	PART I. DEA	IMMEDIATE CAUSE (o		elation !	relan	concern	ale	le ta				- 1	- /2	his
	Conditions, if o			Cerchial	2	Polen	5						10	hus
	gave rise to i couse (o), stoting lying couse lost.			Count	acres	See	iune	· <					164	
NO	PART II. OTH			ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	O THE TERMI	NAL DISEASE	CONDITIO	ON GIVE	N IN PAR	T 1(o) 1	9. WAS	AUTOPSY
CAT			4	( weren ole	exterio	teen	Lui	Lector						RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter noture	of injury in	Port I or Part	II of item	18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NOT while to work	20e. PLAC facto	E OF INJURY ory, street, office	(Home, form te bldg., etc.	20f. (City	or lown)		(0	County)		(State)
	21. I certify the alive an	at I attended the $5-1-58$	decease, 19	ed from 2- , and that	death o	accurred at	840 K	M, fram ADDRESS (Str	the cau	ses an	d an t	last so he dat	te state	deceased ed abave. ATE SIGNED
	PHYSICIAN'S NAME (Type)	William		Jumes,	MID	(	1 LL In	herla	ind_	-4			440	1
220	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCAT	ION (City,	town, or	county)		(Stat	e)
-4	rial	May 2,	1958		mori	al Parl			erlan	-	lary			
	FUNERAL DIRECTOR'  John J. H	-	perla	and, Mafyla	and		24a. REC'I	AY 6	1	REGIST	RAR'S SIG	GNATUR	RE /	
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5999

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 15227

1. PLACE OF DEATH  o. COUNTY  ALLEGANY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  CUMBERLAND  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLDTOWN
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES	d. STREET ADDRESS R.F.D.#1  e. IS RESIDENCE ON A FARM? YES \( \) NO (2)
3. NAME OF DECEASED (Type or print) ARCHIE B.	SNYDER 4. DATE Month Day Yeor SNYDER DEATH MAY 17 19 58
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  MALE  WHITE  WIDOWED  DIVORCED	B. DATE OF BIRTH  JUNE 12, 1900  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Brakeman  13. FATHER'S NAME	USTRY 11. BIRTHPLACE (State or foreign country)  HAMPSHIRE COUNTY, W.VA.  U.S.A.  U.S.A.
SAMUEL SNYDER	LAURA MALCOLM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)   (If yes, give wor or dates of service)	INFORMANT Address
NO 705-05-9253  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Evelyn R. Snyder Oldtown, Md.
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under: lying couse lost.  Conditions of the under of the couse (o) to the under of the und	Stornach with problem  and pentonitis lodaye  post oferative 2 days  T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
S ACCIOCAT WAS INDESTRUMED ED. LOSS OFFICIAL AND ACCIOCATE WAS INDESTRUMED ED.	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NO POST 10 (Enter noture of injury in Port 1 or Port 11 of item 18.)
206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	cu. (ciner noture of injury in Fort i of Fort II of Hem 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of the ot work of the other of the o	LACE OF INJURY (Home, form, close) 20f. (City or town) (County) (Slote) clory, street, office bldg., etc.)
21. I certify that I attended the deceased from May alive an May 17, 1958, and that dear	h accurred at J2:05PM, from the causes and an the date stated abave
PHYSICIAN'S NAME (Type) WYLIE M. FAW	M.D. Churcheland Md May 18'58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)  1. of Bro. Cem. Augusta, W.Va.
23. FUNERAL DIRECTOR'S SIGNATURE  James F. Scarpelli Cumberland Md.	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ALC: NO TOTAL		
5246	CERTIFICATE	OF DEATH

Reg. Dist. No () 5998

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Ionaconing
/ d. STREET ADDRESS  Main Street  . IS RESIDENCE ON A FARM? YES   NOW
Lost 4. DATE Month Doy Year OF DEATH MAY 11 19 58
8. DATE OF BIRTH  9. AGE (In years lost birthdoy)  19. 1880  9. AGE (In years lost birthdoy)  Months Days Hours Min.
ISTRY 11. BIRTHPLACE (Stote or foreign country)  Barton, Maryland  14. MOTHER'S MAIDEN NAME
Isabel Wilson
INFORMANT Address rs.Jennie Peebles Lonaconing, Md.
T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO  D. (Enter nature of injury in Port I or Port II of item 18.)
LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
n accurred at 7 M, from the causes and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGNEY  M.D

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: Affective the physician of the attending physician and completely filled in by the funeral page 3 shauld be detached. It is sentitive to build be detached. It is not as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5223

**CERTIFICATE OF DEATH** 

Reg. Dist. No.115229

1. PLACE OF DEATH o. COUNTY			- 11 0	SUAL RESIDENCE (V	Where decease	d lived. If institution		before adr	nission)
Allegany		MARYLANI	D	Maryla	nd	B. COUNTY	Allega	anv	
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write c. LENG	TH OF STAY IN 1	ь	. CITY OR TOWN (II	f outside corpo	prote limits, write R	URAL ond giv	e nearest to	own)
Cumberland		/9/53	10		berlan	ad			
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION				d. STREET ADDRESS				10	RESIDENCE N A FARM?
Allegany County	Infirma	ry	B	)X 155 G	ills	9111		TES	□ NO V
3. NAME OF Fir DECEASED (Type or print)		Middle		Last	4. DATE OF DEATH	Man		Doy	Year
Fauri		Nichola		ranum	J. DEATH	50		13	1958
5. SEX 6. COLOR OR RACE	/ MARRIED   N	EVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years last birthday)	Months D	oys Hau	
Male White	WIDOWED 🔯	DIVORCED [	7	/28/T870		87 yrs.		oys rido	Will.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired		BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Sto	te or fareign c	ountry)	12. CITIZI	EN OF WH	IAT COUNTRY?
Retired Railroade	r Rail	roader		Maryla	nd		U	. S.	A .
13. FATHER'S NAME			14.	MOTHER'S MAIDEN	NAME				
Burbage Colema n	Tranum		32	Samo	h Whit	10			
15. WAS DECEASED EVER IN U. S. ARMED FOR		ECHRITY NO. 117	7 INFOR				rest\ ?	7	2 262
[Yes, no. or unknown)   [If yes, give war or dates of s	ervice)	no		2	BOX 59				id, Md.
No	NO	1110	لىلىلA	EGANY CO	UNTY .	INFIRMAL	XX REC	CORDS	3
18. CAUSE OF DEATH [Enter only one co	use per line for (o),	(b) ond (c)		11		1			BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	,	Julia	in	2511 H	Una	Losis		ONSEIN	ND DEATH
422, a DUE TO		1		ary ,	THE WAR	asin		-	LIVIS.
	10			th/	V	0:4			>
Canditions, if ony, which (b		Mone	0	1. 1.40	carce	eres		-	
cause (o), stating the under-	6		.0	11/-	_ ~	1.	- ^	>	
lying couse lost.	1	ereur	al	urrer	100	eleros	10	7	
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH	BUT NOT	REJATED TO THE JER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1		
Suc Suc	ule	Dete	ri	orsate	02:			YES	PERMED?
PART II. OTHER SIGNIFICANT CON  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCUP	RRED. (En	ter noture of injury in	n Port I or Par	t 11 of item 18.)		12.70	
20c. TIME OF INJURY Month, Day, Yee Hour o. m. p. m.	or 20d. INJURY OC	CCURRED 20e.	PLACE C	F INJURY (Home, for	rm, 20f. (City	or town)	(Cou	unty)	(State)
Hour o. m.		while	foctory,	street, office bldg., e	etc.)			1000	
₹ p. m.	of work at w	vork 🗌					/		
21. I certify that I attended the	deceased from	1		, 19, ta	May	13, 1958	_that I la	st saw th	ne deceased
alive on That 13th	. 1958	and that dec	ath acc	urred at 5.5	5 PM for	n the causes o	and on the	data et	ated above
		- /				treet, city or lown,		dule si	DATE SIGNED
ACTUAL ST	5 %	Chin	1.		1.0				5 11/
SIGNATURE	6.1	- run	MM.D.		43	Greene	Stre	90 C	2,143
PHYSICIAN'S									
NAME (Type) Dr. Jame	s E. McI	Lean		Cumbe	erland	Mary!	land		
220. BURIAL, CREMATION, 226. DATE THEREC	F 22c. NA	AME OF CEMETERY	Y OR CRE			TION (City, town,		15	itote)
Burlai May 16				nty Cem.		umberla			
23. FUNERAL DIRECTOR'S SIGNATURE		DRESS					STRAR'S SIGN	-	
Byron Kight Cur	mberland	i. Md.			MAY 1 9	'58 246 (RIGH	STRAKS SIGN	AIUKK	
27.000 11.20000		,		DATE	MAY 1 9	The same	- Trace	LUN N	

TO HOSPITAL OR VS A15 (4) 15M 10/57

CERTIFICATE OF BEATH 1 Hart Trees Juged Eligaben U. 2.1 Land Carl Well , Mindfraller, 

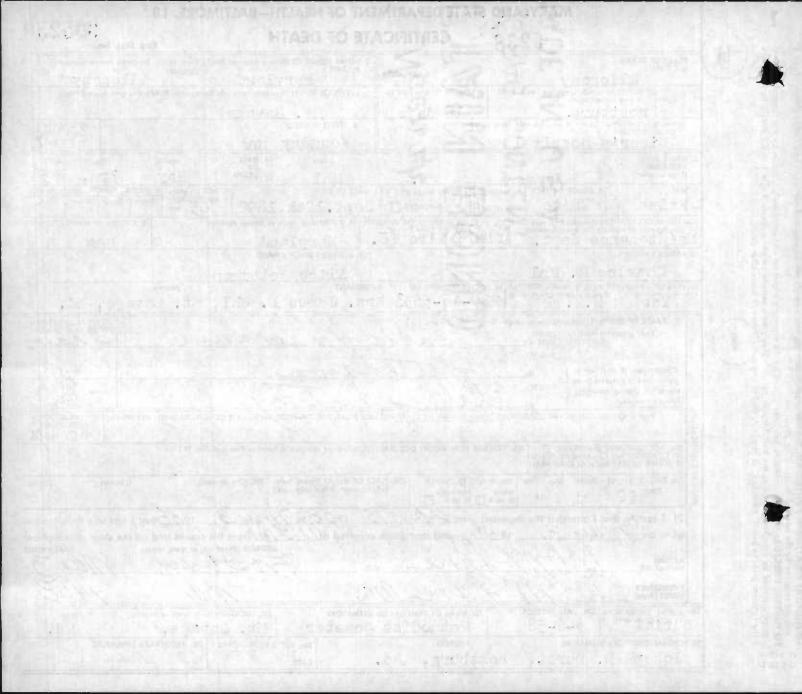
**CERTIFICATE OF DEATH** 

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DIVERAL DIR	ige 3 shauld b	e registrar pria	
J POINTERAL DIR	page 3 shauld b	the registrar pria	
	O TONERAL DIRECTOR: An ins certificate has been signed by the attending physician and campletely filled in by the toneral	page 3 shauld be detached to use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be in the standard of the standard of the shauld be in the standard of t	page 3 shauld be detached to use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be in the registrar priar to burial, crematian, or remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	5236	CERTIFIC	AIE OF DEAT			Reg. Dist. No	0.	
1. PLACE OF DEATH o. COUNTY	eganv	MARYLAND	2. USUAL RESIDENCE (W	there deceased	l lived. If institution b. COUNTY	on: Residence bel	fore admiss	ion)
	autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rate limits, write R	URAL ond give n	earest town	n)
Frost	burg	18 days	X Mt. S	Savage				
OR INSTITUTION	AL (If not in hospitol, give stree S Hospital	t oddress)	d. STREET ADDRESS Foundry	Row			e. IS RES ON A YES	
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mon		- /	Yeor
(Type or print)	James	L.	Uhl	DEATH	Ma;			19 58
5. SEX Male	6. COLOR OR RACE 7. MAR White WIDOV	RRIED 1 NEVER MARRIED	Sept. 12th,	-0	9. AGE (In years lost birthdoy) 65 yrs.	Months Doys		Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	e or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNT
Maintenan		feld fire	Maryla	nd	Jack T.	U	SA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	s R. Uhl		Alice H	oltzma	an			
15. WAS DECEASED EVER	the second of the second secon	4 11	Mrs. James	L. Uh	1, Mt.	Savage	, Md	•
PART I. DEA'  5 8 6 ×  Conditions, if or gove rise to ir couse (o), stoting the lying couse lost.	nmediate (	Stoperfe	le Prese	ng	nia	S	ENEW SET AND	af eller
PART II. OTH HAP IN  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	Κ					EN IN PART I(6)	19. WAS A PERFO YES	AUTOPSY PRMED?
	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURE	RED. (Enter nature of injury in	Port I or Part	Il of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Home, forroctory, street, office bldg., etc.	m, 20f. (City c.)	or town)	(County	()	(Stole
21. I certify the alive an	at 1 attended the decean ay 3 , 19.	. 6	15., 19.2 B, to 2. th accurred at 1.2  M.D		3 , 1932 on the causes a reed circler town,		ate state	
220. BURIAL, CREMATION	N, 226. DATE THEREOF 5-6-58	22c. NAME OF CEMETERY Methodist			ION (City, town, o		(Stote	
23. FUNERAL DIRECTOR'S	1 - 1 -	ADDRESS			Savage,			ld.
Joseph F		ostburg, Mo	444	Y 5 '58	m	reduce	JRC	



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Page 4	ctor,	ドレ
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	TO FUNERAL DIRECTOR: Affiliation or attending physician.  TO FUNERAL DIRECTOR: Affiliation of completely filled in by the funeral state. State of the purial transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached.	jistrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death.
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V 1	S A15 (	4)
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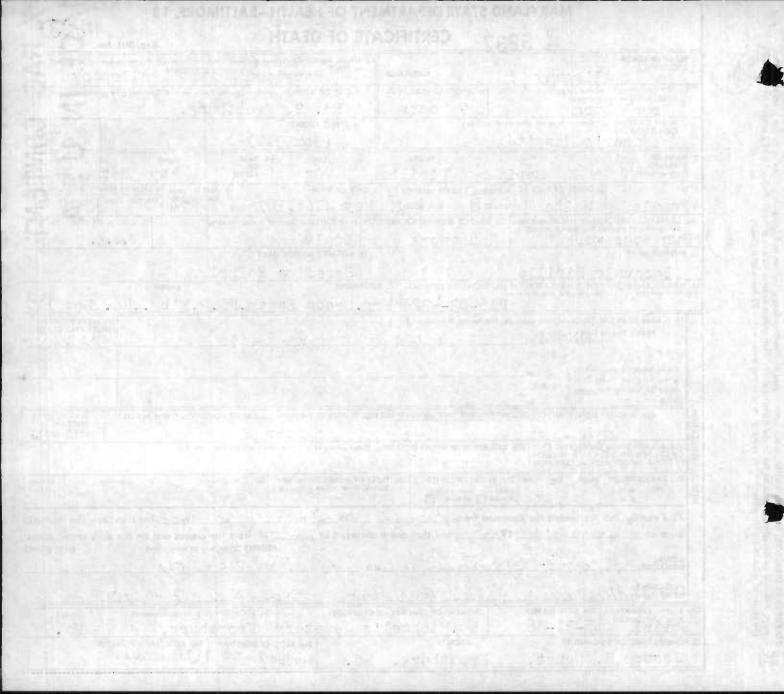
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11 tem 12 FilmG229 6-5-58 et

5237 CERTIFICATE OF DEATH

05231

		523	CERTIF	FICA	TE OF DEAT	Н		Reg. Dist. N	lo.	10.
1. PLACE OF DEATH g. COUNTY		- 11			2. USUAL RESIDENCE (W			on: Residence be	efore admis	sion)
A	llegany		MARYL	AND	Maryl Maryl	and	b. COUNTY	Alle	gany	
b. CITY OR TOWN (If RURAL and give near		is, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (IF	outside corp	orote limits, write R	URAL and give r	neorest tow	n)
Fros th			7 Hours	5	× Rd. 2,	Fros	tburg,			
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street	address)		d. STREET ADDRESS					SIDENCE
	's Hospi	tal			(Box ]	117)				NO.
3. NAME OF DECEASED (Type or print)	fii Ma	ria	Middle Piril	10	via	4. DATE OF DEATH	Man Ma	-	Doy th,	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years		AR IF UND	ER 24 HRS.
Female	White	WIDOWE	DIVORCED		May 21st,1	876	lost biethdoy) 2 yrs.	Months Doy	s Hours	Min.
10a. USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR					12. CITIZEN	OF WHAT	COUNTRY
Own House			lousework		Italy			U.S.	A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Pasqua 1	e Pirill	0			Serafina	Sola	ากว่			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT	,001	Add	ress		
(Yes, no. or unknown)	yes, give war or dates of s		6-03-4325	Mr	s.Freda Ea	gan I	त्त २ मा	ng Md	Box	117
18. CAUSE OF DEAT	H [Enter only one co		ne far (a), (b), and (c).]	1 1 de	Dell'oda Da	Earres	100.291		NTERVAL BI	
PART I, DEATI	H WAS CAUSED BY:			11/10	-VIRUS			Ö	NSET AND	DEATH
1492 X	IMMEDIATE CAUSE (o	-	10/2010	10617	1/ 1/20				12	HR.S.
		100								
Gonditions, if ong	mediate									
lying couse last.	DUE TO	45100						B2 01.		
	P SIGNIFICANT CON		ONTRIBUTING TO DEAT	IN BUIT N	OT RELATED TO THE TERM	INIAI DISEAS	S COMPITION OF	FA . IN . B . B . T	lan was	ALIRODAY
OE An	A SIGNIFICANT CON	/ ~ ^	ONTRIBUTING TO DEAT	11 BOT 14	0	A 0	SE CONDITION GIV	EN IN PART I(0)	PERFC	DRMED?
O MACCIDENTA WAS	75R105CK	7-120	TIC NE	17-12		1752			YES _	NO 🖸
PART II. OTHE	CAUSE OF DEATH	ZUB. DESC	TRIBE HOW INJURY OCC	CURRED.	(Enter noture of injury in	Port I or Por	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye	or 20d. IN		Oe. PLAC	E OF INJURY (Home, formander, street, office bldg., etc.	n, 20f. (Cit	y or town)	(Count	у)	(State)
p. m.	19		Nat while							
21. I certify tho	it l'attended the	decease	ed from MAU.	25	. 19 54, to A	1841	18 195	Cthat I last	saw the	decenses
alive on	MA428	19	and that a	leath o	ccurred at 135	A.M. from	m the course of	and on the d	late state	ad above
			· C. \ / · ·	300111 0		ADDRESS (S	treet, city or town,	stote)	D.	ATE SIGNED
ACTUAL SIGNATURE	Teat in	140	that Ein	м.	D. 44 B		DESAN			
PHYSICIAN'S MAME (Type)	DETIN A	1186	MITTEIN	VM	D 68	0573	ust	- 110		
220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	F	22c. NAME OF CEMET				TION (City, town, o		(Sto	e)
Burial (Specify)	15-31-58	3	St.Micha	el'	s Cemetery	Fr	ostburg		Mo	1.
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. REC	D BY REGIS	TRAR 245 REGIS	TRAR'S SIGNAT	URE	
Joseph R	. Durst.		Frostburg	, .	Md . DATEJU	N 2 "	58 UW.	A educat	1	



D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached to use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

may be retained by the haspin TO FUNERAL DIRECTOR: After page 3 shauld be detached to

VS A15 (4) 15M 10/57

5224

**CERTIFICATE OF DEATH** 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 05232

0447				wag. Di	131. 110.	
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WO. STATE PENNS		COLINITY	nce before admi	ssion)
b. CITY OR TOWN (If outside corporate limits, wi RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limit	5. write RURAL ond	give nearest tow	rn)
d. NAME OF HOSPITAL (If not in haspital, give st OR INSTITUTION  MEMORIAL HOS		d. STREET ADDRESS ROUTE	#2		ON	SIDENCE A FARM?
3. NAME OF First	Middle	Lost	4. DATE			
(Type or print) HILDA	C.	WERNER	OF DEATH	MAY	20	19 58
FEMALE WHITE WIE	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH  JULY 8, 19	01 56	(In years IF UNDER Months yrs.	Days Hours	7
10a. USUAL OCCUPATION (Give kind of work done during most of working life even it retired)	106. KIND OF BUSINESS OR INDU	PENNSYLVA			S. A.	T COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
JOHN W. BOYER		MARGARET	SASS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		MEMORIAL HOSE	PITAL -	Address CUMBERLANI	D, MD.	
IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying couse lost.  [c]						
PART II. OTHER SIGNIFICANT CONDITIO					PERF	AUTOPSY ORMED?
UF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of ite	m IB.)		
Hour o.m.	Od. INJURY OCCURRED 20e. PL /hile Not while fo t work at work	ACE OF INJURY (Home, forn ctory, street, office bldg., etc	n, 20f. (City or town)	(	County)	(State)
21. I certify that I attended the decadive on		7 . 19 88, to occurred of 3:10F	S. 701, e.M., from the c ADDRESS (Street, city Wheyla	auses and on t	he date stat	decease ted above DATE SIGNE
PHYSICIAN'S DR. W. F. WIL	LIAMS					
270. BURIAL, CREMATION, 27b. DATE THEREOF 5/24/58	22c. NAME OF CEMETERY OF HAY'S CHURCH		MEYERS		PENNA	4
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 2	24b. REGISTRAR'S SI	GNATURE	

- LET TROMITED - NELATING THE MEDITARY COMPLETE. HIAME OF THE STATE OF THE of mountain and the control of th

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded if a Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fille.

TO FUNERAL DIRECTOR: 6036 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heights are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

execute the certificate, write 4 should be forworded to FUNERAL DIRECTOR; \$605

VS. A15ME SM 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist.	No.	115	2	3	

PLACE OF DEATH 3243	
1. PLACE OF DEATH O. COUNTY.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Allegany	o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (II outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland 16 days	02 Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
Memorial Hospital	231 Race St.
3. NAME OF DECEASED (Type or print) Charles J. White	Losi 4. DATE Month Day Yeor OF DEATH May 1 1958
	8. DATE OF BIRTH 9. AGE (In year) IF UNDER 1YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	March 8,1868 90 yrs. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	
Retired Conductor Railroad	Mt. Lake Park, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bani White	Sarah Caton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	Miss Mary White, Cumberland, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Cerebra	L Hemorrhage
422./ DUE TO	- Monorina 5
	otic Cardiovascular Disease
gave rise la immediate cause	otto odiatorascarati priscase
(a), stating the underlying DUETO	
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	ie to fall from hemorrhage   PERFORMED?   NO M
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Part It of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described about	ove, held an Autapsy . Inspection . Inquiry . and in my
apinion death resulted from: Natural causes . Accident	, Suicide, Homicide, Undetermined manner
2 10-	
SKTarelic Skitarelic	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) B, SKITARELIC	DEPUTY MEDICAL EXAMINER
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O. REMOVAL (Specify) 5-5-58 SS. Peter	(Sidile)
Burial 5-5-58   SS. Peter of SS	
James F. Scarpelli, Cumberland	d. Md. 240. REGISTRAR 240. REGISTRAR'S SIGNATURE
odino 1. podlipoliti, odinolitica	DATE

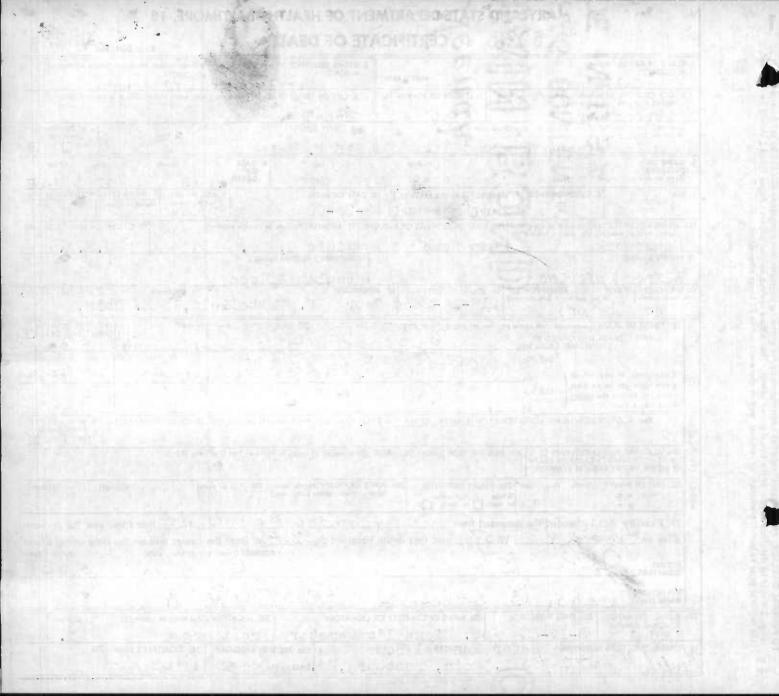
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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
5920	CERTIFICATE	OF	DEATH	

2238 CERTIFICATE OF DEATH Reg. Dist. No. 05234

a. COUNTY			MARYLAND	2. USUAL RESIL	DENCE (WI	here deceased	d lived.» If instituti b. COUNTY	on: Residence	e before ad	mission)
b. CITY OR TOWN	legany (If outside corporate limits.	write	c. LENGTH OF STAY IN 16			land	rote limits, write R	legar		lown)
RURAL and give r			T . O	02-	0					
H NAME OF HOSPI	1711 (If not in hospital, giv	e street	Lifetime	Fros		g .			- 1	
OR INSTITUTION	A CIT HOT IN HOSPING, GIV	e sireer (	dodress)	d. STREET A	DDKE22		9.9		e. IS	RESIDENCE N A FARM?
	Miners Ho	spi	tal	15 E	Ma	in			YES	ON D
3. NAME OF DECEASED (Type or print)	First RTIMH		MARTAN W	los ATTATTH		4. DATE OF DEATH	Mon	th	Day	Yeor
5. SEX		7. MAPP	IED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years	IF UNDER 1	YEAR IF II	19 58 NDER 24 HRS.
F	W	VIDOWE	DIVORCED	5-20-09	9		48 yrs.		Days Hou	
00. USUAL OCCUPATI	ON (Give kind of work dorking life, even if retired)	ne 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPL	ACE (Stole	or foreign co	ountry)	12. CITIZ	ZEN OF WH	AT COUNTRY
Housewo		0	wn Home	Midla	on d	MA			TT CI	A
3. FATHER'S NAME			WII ITOMO	14. MOTHER'S		MC			UaDa	B
120- 2	T 00 .	- >								
	Jeffries	100		Beul	eh W:	ilson			THE A A	de la sesa an
(Yes, no. or unknown)	ER IN U. S. ARMED FORCE			INFORMANT	מינו נים	. 1 L . 0	Add		rros	courg.
No	None	2.	18-34-2654	George 1	F. W	nitei	ield,15	E. N	lain,	
Conditions, if a gove rise to couse (a), stating lying couse lost.	immediate DUE TO		Orleno	sclero	luc	clos	culoyh	us.	9	Cous_
3		TIONS	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMI	INAL DISEASI	E CONDITION GIV	EN IN PART	1(o) 19. W. PEI YES	RFORMED?
OR CONTRIBUTING	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESC	TRIBE HOW INJURY OCCURR	ED. (Enter noture of	f injury in I	Port I or Port	I II of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19	20d. IN While of work	_ Nat while _ fe	PLACE OF INJURY (I octory, street, office	Home, farm bldg., etc.	20f. (City	or town)	(Co	ounty)	(State)
21. I certify the	hat I attended the a	lecease	ed from man	4 . 1959	to 7	nay,	12 1958	that 1 le	ast saw t	he decease
alive on	ray 14	19.5	8, and that deat	h occurred of	3:001	AN from	n the causes o			
	2/2/	~	~	ii occorred de			reet, city or town,		e date 31	DATE SIGNE
ACTUAL SIGNATURE	Jolin	13,	Davis,	M.D	2	B	ROAdu	UAY	5	15158
PHYSICIAN'S NAME (Type)	John L	3,	DAVIS, MI	b. FA	05	1641	RY, Md			
O. BURIAL, CREMATIC	ON, 226. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town,	or county)	(5	State)
REMOVAL (Specify	5-17-58		t. Michael	's Cemet	arv		tburg			d.
. FUNERAL DIRECTOR		fer	Frances al Hor			D BY REGIST		TRAR'S SIGN		u.
Boute Q. H	Monteson 23	E.						/	/	
weap VI.	muchy 20	77.6	Main, Frost	nare ma	DATEMA	Y 1 9 '5	00 100	Ledu	L/K	



# HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory pled execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. So a should be forwarded in the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your fit to FUNERAL DIRECTOR: rage 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of The or its designated agent, prior to burial, cremation, or remayol, and in any event within 72 hours after death. 14

execute the certificate, writed a should be forworded to TO FUNERAL DIRECTOR: FOR VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 524 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 15235

			the same of the sa
•	I. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE ACCOUNTY 277	
	b. CITY OR TOWN (If outside conforce limits, person EURAL   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and g	gany
	and give nearest town) Rural near Lonaconing	X Lonaconing	ive neurest town,
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
2		Castle Hill	YES NO NO
	3. NAME OF First Middle .	Last 4. DATE Month	Day Year
	(Type or print) yames Francis W.	TITEMAN DEATH May 16	0 1958
		DATE OF BIRTH  9. AGE (In years)  15 UNDER 1Y  Months Do  Months Do	
	Male White WIDOWED DIVORCED	Jan, 30, 1721 37 yrs.	rys 1100rs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	II. BIRTHPLACE (State or foreign country)	N OF WHAT COUNTRY?
1	LABORER CONSTRUCTION		V, S, A
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Simeon Whileman	Halle Delfer	
	(Yes, no, or unknown) (If yes, give war or dates al service)	NFORMANT // Address	
		es. James Whiteman Lonacon	ling, Md
	PART I, DEATH WAS CAUSED BY:	/ _ "Wife"	INTERVAL BETWEEN ONSET AND GEATH
	IMMEDIATE CAUSE (a) Crushed C	hest	Sudden
V	7/d, DUE TO		
	Conditions, if ony, which gove rise to immediate couse		
	(c), staling the underlying DUE TO		
	couse fost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	T PARA LAL LANGUE PROTECTION OF THE PROPERTY OF THE PARA LANGUE PA	AND WAS AUTORS
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONT	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (6	inter nature of injury in Part I or Part II of item 18.)	YES NO
	PRIMARY BY OF CONTRIBUTING I	The first of the f	
		CE OF INJURY (Home, farm, 120f. (City or town) (Caunity	y) (State)
1	Hour While Not while lock	ory, street, affice bldg., etc.)	0- 100
	21. 1 certify that I took charge of the remains described aba	Jarm Lonaconing all	eq, ma
	opinion death resulted from: Natural causes , Accident		
	opinion death resolved from: National causes [], Accident	X, Suicide , Homicide , Undetermined ma	inner [
	ACTUAL GENERAL SETANOLOL	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
d	SIGNATURE / LINGUICE SPECIALISE	ASSISTANT MEDICAL EXAMINER	-/
d	EXAMINER'S Benedict Skitareli	C DEPUTY MEDICAL EXAMINER & May 10	1,1958
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(State)
		ark Frestburg,	Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	ATURE
	George Eichhorn Lonaconing, 1	DATE MAY 1 5 '58 (000 1	. /

MONTHUR STATE DEVANTAGES OF REALTHOUSE STATE OF DEATH

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I. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	ained by the hosaing ar attending physician.	DIRECTOR: Aft his certificate has been signed by the attending physician and campletely filled in by the funeral Figr.	ould be detached for use as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be first with	report to huring presention or removed and in one event within 70 hours after death
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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No. (15236)

	522	6	CERTIF	FICA	TE OF E	DEATH				Reg. D	ist. No.	05	235
1. PLACE OF DEATH o. COUNTY Alles	ranv		MARYL	AND	2. USUAL RESI	DENCE (Wh			institutio OUNTY		lega		on)
b. CITY OR TOWN	(If autside carporate lim	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR	-		orote limits,	write RI				)
RURAL ond give n			5/16/57		02.	Gumbe	mlar	1					
d. NAME OF HOSPI	TAL (If not in hospital,	give street	address)		d. STREET		T. T. SIL.	lu			le	. IS RESI	DENCE
OR INSTITUTION	v County	Tref	2000 A 20 TF		1 756	Earre	.++-	Ctmo				ON A	FARM?
3. NAME OF	y Councy Fi		Middle		(50	Faye	4. DATE	ort.e	186	4.0			-
(Type or print)							OF DEATH		Shon		Doy	11	eor
S. SEX	6. COLOR OR RACE		Milnor HED NEVER MARRIER		Wilso		DEATH	9. AGE (I	C 4/1	IE LINDE	R 1 YEAR	11-	90 8 R 24 HRS.
		WIDOWE			0 /-0 /	n milanda		lost bir	thday)	Months		Hours	Min.
Male	White		KIND OF BUSINESS OR	The same of	9/10/	1899		58	yrs.	122.6	TIZENI OF	14/1447	COUNTRY?
during most of wor	rking life, even if retired	one Ivo.	KIND OF BUSINESS OF	CINDUS	IKT II. BIKIMPI	LACE (Stole	or foreign o	country)		12. 0	IIIZEN OI	WHAT	COUNTRY?
	Attorney		Lawyer			aryla				1	U.S	. A	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME						
	B. Wilson					lah F	I	saacs					
(Yes, no. or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT P	.O. H	BOX		Addi	ess CI	JMBE	RLAI	ND, MD
Yes	W.W. 1			AL	LEGANY	COUN	TY I	NFIR	MAR		ECOR		
	ATH [Enter only one co	ouse per lin	ne for (o), (b), one [1].]	0		1	/	+				RVAL BE	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	Jul	M	oner	1 14	40	00/1	121	2	Olvas	12	his
199.2	DUE TO		V1	//	/		14					>	
Conditions, if o	ony, which ) (t		Juli K	20	reide	on	ato	De:	5 '			-	
gove rise to cause (o), stoting	immediate (		0/	- 63	(_			1 -	p				
lying couse last.		-1	Mron	10	n	WA	1000	de	he	7		7	
PART II. OT			CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDIT	ION GIV	EN IN PA	RT 1(o) 19	. WAS A	UTOPSY
) I Y	Chr	And	A 1/4	1-	Liters	53						PERFO	NO TO
200. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture of	of injury in F	ort I or Por	rt II of item	18.)				
THE EITHER, NOTIFY	CAUSE OF DEATH												
WE TO THE OF INJUING HOUR O. M. P. M.	RY Month, Day, Ye			20e. PLA	CE OF INJURY	Home, form,	20f. (City	y or lown)			(County)		(Stole)
Hour o.m.	19	While of war	Not while	roci	ory, street, office	e bldg., etc.	)						
	hat I attended the		520	111	6. 195	7	me	113	10 53	Ku - 1 1	lest en	Alex	deceased
	hall I diletted the	10 4		7		-							
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ACTUAL SIGNATURE	Janes.	3	Soclas	1,	-Z-9		40	En	e e	alole)	<1	5	-12-6
SIGNATURE	Jacobs	6.	Theu	LAN	NO/ALAU			2/1	60	LLL	3/		120
PHYSICIAN'S	JAMES	E.	McLEAN		C	UMBEE	TANT	A MA	RYL	A NID			
NAME (Type)						Orio:ur							
220. BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEMEN					TION (City				(Stote	)
BUT1AL  23. FUNERAL DIRECTOR		.500	Rose Hill	Cem	etery	24- 0501		umber.		,	(L.		
He Wayne		Cumbe	erland, Md.				BY REGIS	IRAK 24	D. REGIS	IRAK S S	IONATURI		
Tie mayire	000160	- COLLEGE	or realty and			DATE	116	8 1	200	/	-1		
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HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist	No	()	5	2	3	7
Keg.	DIST.	INO.	4.		1	0	- 69

5221	Keg, Dist	. No. (70 20 s
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE	e before odmission)
Allegany MARYLAN		egany
b. CITY OR TOWN It autside corporate limits, write RURAL ond give negres! lown)		
Cumberland 21 years	0 2 Cumberland	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Memorial Hospital	156 Frederick Street	YES NO
3. NAME OF DECEASED (Type or print) William Harvey V	Vilson  4. DATE Month OF DEATH May 26	Doy Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE IIn years IF UNDER 14	
Male White WIDOWED DIVORCED	August 25 1936 21 yrs. Months Do	bys Hours Min.
0a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		N OF WHAT COUNTRY
Student - Business college.	Maryland U.	S.
13. FATHER'S NAME	14. MOTHER'S MATDEN NAME	
W. Harvey Wilson	Sarah Davis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknown] [ ] [If yes, give wor or dates of service]	INFORMANT Address	
	Mrs. Shirley Tomsko LaVal	le, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	and the state of t	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Intracrania	al Hemorrhage	UNSET AND DEATH
816 X DUE TO		
Condition of annual Similar I	Fracture	3 hrs.
gave rise to immediate cause	racoure	0 111.3
(a), stating the underlying DUE TO		
	TAIN OF RELATED TO THE TENNIAL BUSINESS CONDITION OF THE PARTY.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	I NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED? YES X NO
CAUSE OF DEATH. Auto-bus col	(Enter noture of injury in Part I or Part II of item 18.)	
	LACE OF INJURY (Home, farm, 20f. (City or town) (Count sciency, street, office bldg., etc.)	y) (State)
Hor 2 h. 5/26 19 5 to work at work	Street Cumberland, Al	lleg. Md.
21. I certify that I taak charge of the remains described at		
opinion death resulted fram: Natura causes . Accident		
2 11/01/21		
SIGNATURE Desiledert Sk tatelic	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ASSISTANT MEDIÇAL EXAMINER	
EXAMINER'S Benedict Skitarelic, M.	D. DEPUTY MEDICAL EXAMINER MAY 26.	1958
220. BURIAL, CREMATION.   22b. DATE THEREOF   22c. NAME OF CEMETERY C		(State)
Burial 5/29/58 Mt Herman	Compton: Cumbonlant Ma	rvland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246 REGISTRAR'S SIGN	The second second
Ruth E. Silcox Cumberland, M.	MAY 2 9 '58 1 100 A	h
Ruth E. Silcox Cumberland, M.	aryland DATE	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, pleas execute the certificate, with a the word "pending" in pendi in 18m. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded 1. E. Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Heymor its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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A SPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, witing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.

TO FUNERAL DIRECTOR: Puge 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Helper, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

"ME

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 50 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05238

	V440					Reg. Dist. 1	
1. PLACE OF DEATH	egany	MARYLAND	2. USUAL RESIDENCE (		sed lived. If institu b. COUNT		
	Ill outside corporate limits, write RURA		c. CITY OR TOWN (	Y	norata limite write		
and give nearest for	vn)					OKAL ond give	neoresi town;
Cumbe		10 minutes	Route 1	, Rid	geley	8. X	- 5
	al Hospital	in hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF		44:341-		4. DATE			
DECEASED (Type or print)	John	Middle	Wolfe	OF DEATH	May	4	y Year 1958
5. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYEA	R IF UNDER 24 HRS.
Male	White win	OWED DIVORCED T	uly 14.19	39	18 yrs.	Months Days	Hours Min.
	ION (Give kind of work done)	106. KIND OF BUSINESS OR INDUST				12. CITIZEN	OF WHAT COUNTRY?
during most of work	ing life, even if retired)				,,		
Clerk		Produce House	Virgin			US	A
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Willia	m H. Wolfe		St	tella	Davidso	on -	
	VER IN U. S. ARMED FORCES?		FORMANT		Address		
No.	(If yes, give war or dates at service)	226 50 3739	W. H. Wol:	fe. Si	r. Cate	City.	Va.
	ATH [Enter anily one cause pe		110 110 1104.		o dato		ERVAL DETWEEN
	ATH WAS CAUSED BY:	· ·····c · · · · · · · · · · · · · · ·				ON	SET AND DEATH
0054	IMMEDIATE CAUSE (a)	Fracture Cervi	cal Verteb	rae			Sudden
0000	DUE TO						
Conditions, if		Automobile Acc	ident				
gave rise to imm							
(a), stating the	underlying						
Z PART II O'	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	AINAI DISEAS	E CONDITION GIV	EN INI PART I(a)	19 WAS ALITORSY
PART II. O'  200. EXTERNAL CA					e constitution on	LITE IN TAKE I(U)	PERFORMED?
200. EXTERNAL CA		SCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Pa	rt I or Port II	of item 18.)		
PRIMARY OF CO	I.	Automobile and	idont				
	URY Month, Day, Year	Automobile acc	TOGITU	m 1206 (City	ne town)	(County)	(Stote)
Hour o. m	11 1-10	While Not while facto	ary, street, office bldg., etc	c.)		The Park of the	
	7177	of work of work	street				l. W.Va.
21. I certify	that I took charge of	the remains described abor	ve, held an Autop	sy 🔲 , 11	nspection 😿,	Inquiry [	and in my
opinion deall	resulted from: Natu	rehouses . Accident	, Suicide .	Homicide	, Undete	rmined mann	ner 🗍
	1 -	0	- L'				
ACTUAL /	5 0 4	1671	CHIEF MEDICAL E	XAMINEP [7]			DATE SIGNED
SIGNATURE	unedicix	Ruarelle	_ M.D.		20.7		
EXAMINER'S NAME (Type)	Benedict Sk	itarelic	DEPUTY MEDICAL		~ ~ /1.	/58	
220. BURIAL, CREMATI	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, fawn, o	r county)	(State)
REMOVAL (Specif	" May 7.1958	Holston Vie	ew Cemeter	W W	eber Cit	ty, Va.	
23. FUNERAL DIRECTO		ADDRESS		D BY REGIST		TRAR'S SIGNATI	URE
		ate City, Va.	DATE			1 -1	
0 . D. DO	ac		DATE	"	The same	Lerech	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05239 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH & COUNTY o. COUNTY MARYLAND b. CITY OR TOWN fil outside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn director. . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? be retained for the State Boater death. YES NO D NAME OF DECEASED DATE Middle Month Yeor 1958 (Type or print) ofter 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HPS 5. SEX 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH with 5 may 2 with Months Hours Days WIDOWED [ DIVORCED T and during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page ! JANITOR ive Pages I 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. [Yes, no, or unknown] (If yes, give war or dates of service) 223 5, Lee INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Office DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO Examiner (o), stoling the underlying 0 couse lost. S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? pesa NO Medical 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f, (City or town) Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) While Not while o. m of work of work p. m. 2). I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. and in my certificate, v DIRECTOR: opinion deoth resulted from: Notural causes N. Accident . Suicide | Homicide | Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER should be f ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. 0

ADDRESS

240. REC'D BY REGISTRAR

MAY 2 6

REGISTRAR'S SIGNATURE

VS. A15ME 5M 2/57

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